


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000010729</b>	
1. Entity Name <b>RESEARCH CENTER FOR BAYESIAN APPLICATIONS, INC.</b>	

Principal Place of Business <b>8799 BARDMOOR BOULEVARD, SUITE 201 LARGO, FL 33777</b>	Mailing Address <b>8799 BARDMOOR BOULEVARD, SUITE 201 LARGO, FL 33777</b>
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03242005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>35-2221581</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CAMARA, GISLHAINE C 8799 BARDMOOR BOULEVARD, SUITE 201 LARGO, FL 33777</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOIVILUS, LUCIEN JAMES MADISON UNIVERSITY HARRISONBURG, VA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMARA, GISLHAINE C 8799 BARDMOOR BOULEVARD, SUITE 201 LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMARA, VINCENT A DR. 8799 BARDMOOR BOULEVARD LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1000000310673  
04/18/05-80014-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **04/14/05 (727) 397-3127**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #