

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004004

FILED  
Jan 11, 2007  
Secretary of State

**Entity Name:** DIAPAUSE RESEARCH FOUNDATION, INC.

**Current Principal Place of Business:**

1924 CREIGHTON RD  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10852  
PENSACOLA, FL 32524

**New Mailing Address:**

PO BOX 11369  
PENSACOLA, FL 32524

**FEI Number:** 61-1477193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HULL, EUGENE  
1924 CREIGHTON RD  
PENSACOLA, FL 32504 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: HULL, EUGENE PH.D.  
Address: PO BOX 10852  
City-St-Zip: PENSACOLA, FL 32524

Title: D ( ) Delete  
Name: HULL, GREGORY DDS  
Address: PO BOX 10852  
City-St-Zip: PENSACOLA, FL 32524

Title: D ( ) Delete  
Name: MATIAS, JONATHAN R  
Address: PO BOX 10852  
City-St-Zip: PENSACOLA, FL 32524

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: HULL, EUGENE PH.D.  
Address: PO BOX 11369  
City-St-Zip: PENSACOLA, FL 32524

Title: D (X) Change ( ) Addition  
Name: HULL, GREGORY DDS  
Address: PO BOX 11369  
City-St-Zip: PENSACOLA, FL 32524

Title: D (X) Change ( ) Addition  
Name: MATIAS, JONATHAN R  
Address: PO BOX 11369  
City-St-Zip: PENSACOLA, FL 32524

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE HULL

DPST

01/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date