2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004004

FILED Apr 29, 2009 Secretary of State

Entity Name: DIAPAUSE RESEARCH FOUNDATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	EIGHTON RD OLA, FL 32504			
Current Mailing Address:		New Mailing Address:		
PO BOX 1 PENSAC	11369 OLA, FL 32524			
FEI Numbe	r: 61-1477193	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
PENSACO	EIGHTON RD OLA, FL 32504 e named entity s	US submits this statement for the	purpose of changing its register	red office or registered agent, or both,
n the Stat	te of Florida.			
SIGNATU		is Cinnedons of Denistered An		Dete
SIGNATU		ic Signature of Registered Ag	ent	Date
		0 0		Date GES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address:	Electron RS AND DIRECT DPS () HULL, EUGENE PO BOX 11369	TORS: Delete PH.D.		
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron RS AND DIRECTOR DPS () HULL, EUGENE PO BOX 11369 PENSACOLA, F DPS () HULL, GREGOR PO BOX 11369	Delete PH.D. L 32524 Delete RY DDS	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
	Electron RS AND DIRECT DPS () HULL, EUGENE PO BOX 11369 PENSACOLA, F DPS () HULL, GREGOF PO BOX 11369 PENSACOLA, F D () HILL, ANN 412 WEST GRE	Delete PH.D. L 32524 Delete RY DDS L 32524 Delete GGORY STREET	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR: () Change () Addition
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	Electron RS AND DIRECT DPS () HULL, EUGENE PO BOX 11369 PENSACOLA, F DPS () HULL, GREGOF PO BOX 11369 PENSACOLA, F D () HILL, ANN 412 WEST GRE PENSACOLA, F	Delete PH.D. L 32524 Delete RY DDS L 32524 Delete EGORY STREET L 32502 Delete ROAD	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTOR: () Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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 DPS 04/29/2009