2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000007483



FILED Aug 27, 2008 8:00 am Secretary of State

1. Entity Name INTERNATIONAL MARINE MAMMAL RESEARCH SOLUTIONS, INC.					08	:-27-2008 90010 (025 ****70	0.00	
Principal Plac 46 ATLANTIC PALM COAST			Mailing Address 46 ATLANTIC DR PALM COAST, FL 3213	7		65% RAM RAM DUN 67% GDIN	· 1851: 6 2061 18128 11	imsi mi leti	
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP CR2E	037 (12/06)		
City & State		City & State		4. FEI Number 26 - O	875377	<u> </u>	oplied For ot Applicable		
Zip	Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and A	ddress of Current Re	gistered Agent		7. Name and Add	ress of New Registered	J Agent		
MOON, CI	HRISTOPHER J	1		Name					
46 ATLANTIC DR PALM COAST, FL 32137				Street Address (P.O. Box Number is Not Acceptable)					
				City		F	Zip Cod	e	
	named entity submitions of registered ag		ne purpose of changing its r	egistered office or regis	stered agent, or both, in	the State of Florida. I ar	n familiar with,	and accept	
SIGNATURE .	Signature, typed or printed	name of registered agent and	title if applicable. (NOTE:	Registered Agent signature requ	vired when reinstating)	DATE			
Filing Fee Is \$61.25 Due by September 12, 2008									
. D	-		9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees		ck payable to artment of St	1	
. Da	ue by Septemb		Trust Fund Co		Added to Fees		artment of SI	ate	
10.	ue by Septemb	OFFICERS AND DIRE	Trust Fund Co	ontribution.	Added to Fees	Florida Dep	artment of SI	ate	
10. TITLE NAME	DP MORSE, JAMES	DEFICERS AND DIRE	Trust Fund Co	11. TITLE NAME	Added to Fees	Florida Dep	DIRECTORS IN	10	
10.	ue by Septemb	OFFICERS AND DIRECTORS BE	Trust Fund Co	ontribution.	Added to Fees	Florida Dep	DIRECTORS IN	10	
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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 cert; 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, witball other like empowered.

GNATURE:

SIGNATURE: X