

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007953

FILED  
Jan 27, 2009  
Secretary of State

**Entity Name:** AIRWOLF MALARIA VECTOR CONTROL RESEARCH INSTITUTE INC.

**Current Principal Place of Business:**

36880 WASHINGTON LOOP RD  
PUNTA GORDA, FL 33982

**New Principal Place of Business:**

**Current Mailing Address:**

36880 WASHINGTON LOOP RD  
PUNTA GORDA, FL 33982

**New Mailing Address:**

**FEI Number:** 26-0599180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, NICOLE  
36880 WASHINGTON LOOP RD  
PUNTA GORDA, FL 33982 US

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

HOWE, RICHARD F PD  
36880 WASHINGTON LOOP RD  
PUNTA GORDA, FL 33982 US

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: RICHARD F HOWE

01/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOWE, RICHARD  
Address: 36880 WASHINGTON LOOP RD  
City-St-Zip: PUNTA GORDA, FL 33982

Title: VPD ( ) Delete  
Name: WILLIAMS, NICOLE  
Address: 36880 WASHINGTON LOOP RD  
City-St-Zip: PUNTA GORDA, FL 33982

Title: D ( ) Delete  
Name: HOWE, TERRY  
Address: 36880 WASHINGTON LOOP RD  
City-St-Zip: PUNTA GORDA, FL 33982

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICHARD F HOWE

PD

01/27/2009

Electronic Signature of Signing Officer or Director

Date