

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
May 19, 2010  
Secretary of State**

DOCUMENT# N07000007953

**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:**HOWE, RICHARD F PD  
36880 WASHINGTON LOOP RD  
PUNTA GORDA, FL 33982 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: PD  
Name: HOWE, RICHARD  
Address: 36880 WASHINGTON LOOP RD  
City-St-Zip: PUNTA GORDA, FL 33982

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

Title: D  
Name: WILLIAMS, LYDIA J  
Address: 36880 WASHINGTON LOOP RD  
City-St-Zip: PUNTA GORDA, FL 33982

I hereby 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 all other like empowered.

SIGNATURE: NICOLE WILLIAMS

MRS

05/19/2010

Electronic Signature of Signing Officer or Director

Date