2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# N18108

Entity Name: INTERNATIONAL ODONATA RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

1911 SW 34TH STREET
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

DIV OF PLANT INDUSTRY
P.O. BOX 147100
GAINESVILLE, FL 32614 US

New Mailing Address:

FEI Number: 59-2621759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAUFFRAY, WILLIAM F
4525 NW 53RD LN
GAINESVILLE, FL 32653 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: D ( ) Delete
Name: DUNKLE, SIDNEY W DR
Address: BIOLOGY DEPT, 2800 E. SPRING CREEK PKWY
City-St-Zip: PLANO, TX 75074

Title: D (X) Delete
Name: BICK, GEORGE H DR
Address: 141 W COLUMBUS ST
City-St-Zip: PORT ANGELES, WA 98362

Title: D ( ) Delete
Name: MAUFFRAY, WILLIAM F
Address: 4525 NW 53RD LN
City-St-Zip: GAINESVILLE, FL 32653

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DUNKLE, SIDNEY W DR
Address: 8030 E LAKESHORE PKWY APT # 8202
City-St-Zip: TUSCON, AZ 85730

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

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

Title: D ( ) Change (X) Addition
Name: MAUFFRAY, ESTHER L
Address: 4525 NW 53RD LA
City-St-Zip: GAINESVILLE, FL 32653

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: WILLIAM F. MAUFFRAY D 01/05/2006

Electronic Signature of Signing Officer or Director — Date