


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N30386 1. Entity Name THE GROUP FOR NEUROSCIENCE RESEARCH AND EDUCATION, INC.	
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FILED
 05 OCT 18 PM 2:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1215 LOUISIANA AVE. WINTER PARK, FL 32789	Mailing Address 1215 LOUISIANA AVE. WINTER PARK, FL 32789
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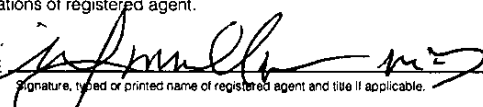
2. Principal Place of Business 1451 TEMPLE DR Suite, Apt. #, etc. WINTER PARK City & State FLORIDA Zip 32789 Country USA	3. Mailing Address 1451 TEMPLE DR Suite, Apt. #, etc. WINTER PARK City & State FLORIDA Zip 32789 Country USA
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10102005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2936207 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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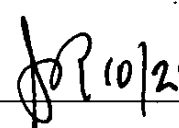
6. Name and Address of Current Registered Agent MULLER, WALTER J III 1215 LOUISIANA AVENUE WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1451 TEMPLE DR City WINTER PARK FL Zip Code 32789
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8. 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. I am familiar with, and accept the obligations of registered agent.

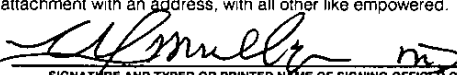
SIGNATURE:  DATE: **10/13/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REILLY, DIANE <input type="checkbox"/> Delete 1320 CRESCENT LAKE DR WINDERMERE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400060695004 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/18/05--01009--006 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIEBEL, JUDITH A <input type="checkbox"/> Delete 400 OAKHURST ST ALTAMONTE SPRGS, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEGGY SYMONS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 804 SNOW QUEEN DR CHULUOTA, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROWE, ANNA <input checked="" type="checkbox"/> Delete 702 DRIVER WINTER PARK, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILKES, GEORGE ROBERT <input checked="" type="checkbox"/> Delete 1003 LEE LANE LEESBURG, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **WALTER MULLER** DATE: **10/13/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #