2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2006 8:00 am Secretary of State

DOCUMENT # N48489 1. Entity Name VOLUNTEER SCIENTIFIC RESEARCH TEAM, INC.								04-21-200	6 90106	026 ****6:	1.25	
17121 PRIMAVERA CIR 1712			ng Address 21 PRIMAVERA CIR E CORAL, FL 33909				4 INCUIS) AN	**************************************	4511 21211 B1B11	81811 BIBM BIBM 81811	111 41 Bi 189 1	
Principal Place of Business 3. Mai			Mailing Address									
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				04112006	Chg-NP	CR2E	037 (11/05)		
City & Stat	de .	City	City & State				4. FEI Numbe 65-033	8294			oplied For	
Zip	Country	Zip		Сои	intry		5. Certificate	of Status Desired	1 🗆	\$8.75 Add	fitional	
	6. Name and Address of Curren	t Registered	Agent				7. Name and	Address of Nev	v Registere	d Agent		
HASSETT	, SÚSAN IMAVERA CIR				Name Street Ac	Adrage (F	O Roy Number	ar is Not Accepta	hla)			
	RAL, FL 33908				000007.0		0. 000 140110	II IS INOL ACCOPIA				
					City				F	L Zip Cod	0	
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpos	e of changing its	registere	ed office or	registere	ed agent, or bot	h, in the State of	Florida. I ar	m familiar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
JIGINATURE		nt and little if applica	ible. (NOTE	E: Registered	d Agent signatu	re required	when reinstating)		DATE	:		
SIGNATURE		nt and litle if applici	9. Election Carr Trust Fund C	npaign Fi	inancing		\$5.00 May B Added to Fees	e FI	Make che	ck payable to		
10.	Signature, typed or printed name of registered age Filling Fee is \$61.25		9. Election Carr	npaign Fi	inancing		\$5.00 May B Added to Fees	e FI	Make che orida Depa	ck payable t artment of Si	tate	
	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2006		9. Election Carr	npaign Fi Contributi 11. TITLE NAME STREE	inancing ion.		\$5.00 May B Added to Fees		Make che orida Depa	ck payable t artment of Si	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIG	NAT	JRE:
0.0	1101	J:\L.

Janaine Heart Lorraine Heis signature and typed on printed name of signing officer or director Lorraine Heist

4-17-06

239-489-1600