


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90038 030 ****61.25

DOCUMENT # N93000003456 1. Entity Name RESEARCH INSTITUTE INTERNATIONAL, INC.					
Principal Place of Business 10645 N TATUM BLVD SUITE 200 #614 PHOENIX, AZ 85028 US Jacksonville, FL 32216				Mailing Address 10645 N TATUM BLVD SUITE 200 #614 PHOENIX, AZ 85028 US Goodson + Manley, PLC 2025 N. 3rd St. Ste. 200 Phoenix, AZ 85004	
2. Principal Place of Business 5801 Phillips Hwy Suite, Apt. #, etc.				3. Mailing Address same Suite, Apt. #, etc.	
City & State Jacksonville, FL Zip 32216				City & State Jacksonville, FL Zip 32216	
Country USA				Country USA	
4. FEI Number 59-3186999				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, RICHARD THE SEAGLE BLD 408 W. UNIVERSITY AVE SUITE 500 GAINESVILLE, FL 32601-5289				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 X Mary L. Lowery MD, PhD (NOTE: Registered Agent signature required when reinstating)					
DATE 7/25/05					
Filing Fee is \$61.25 Due by September 7, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWERY, GARY L 10645 N. TATUM BLVD. SUITE 200 #614 PHOENIX, AZ 85028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWERY, GARY L 5801 Phillips Hwy Jacksonville, FLA 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWERY, DONNA 10645 N. TATUM BLVD. SUITE 200 #614 PHOENIX, AZ 85028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWERY, DONNA 5801 Phillips Hwy Jacksonville, FLA 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSALLEM, JAMES M 5430 N CENTRAL AVE PHOENIX, AZ 85042	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSALLEM, JAMES 5801 Phillips Hwy Jacksonville, FLA 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.					
SIGNATURE: X Mary L. Lowery MD, PhD					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
DATE 7/25/05					
DAYTIME PHONE # 917-916-7939					