

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

06-21-2006 90002 015 ****61.25

DOCUMENT # N93000003456 1. Entity Name RESEARCH INSTITUTE INTERNATIONAL, INC.					
Principal Place of Business 5801 PHILLIPS HWY JACKSONVILLE, FL 32216 US 5635 Clifton Lane Jacksonville FL 32211		Mailing Address GOODSON + MANLEY, PLC 2025 N 3RD ST, STE 200 PHOENIX, AZ 85004 US 340 E Palm Lane Ste 300 Phoenix AZ 85004			
2. Principal Place of Business 5635 Clifton Lane Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State _____		4. FEI Number 59-3186999	
Zip 32211		Country USA		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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>X Gary L. Lowery / Gary L. Lowery</i></u> 6/18/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> Make check payable to Florida Department of State </div>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President LOWERY, GARY L 5801 PHILLIPS HWY JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / President 5635 Clifton Lane Jacksonville FL 32211	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWERY, DONNA 5801 PHILLIPS HWY JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSALLEM, JAMES M 5801 PHILLIPS HWY JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MUSSALLEN, JAMES M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director Robert Hoehn 415 E. 8051 #4R New York NY 10021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director Robert Hoehn 415 E. 8051 #4R New York NY 10021 <input type="checkbox"/> Change <input checked="" 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 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 another like empowered.					
SIGNATURE: <u><i>X Gary L. Lowery / Gary L. Lowery</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>6/18/06</u> Daytime Phone #: <u>917-916-7939</u>	

ATTACHMENT

LAW OFFICES OF
**GOODSON GOODSON, MANLEY,
FORAKIS AND DELOUGHERY, PLC**

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JOHN F. GOODSON AZ BAR
COLLEEN C. MANLEY AZ BAR

CHRISTINE GOODSON FORAKIS* AZ BAR
*Licensed also in FL
PAUL E. DELOUGHERY** AZ BAR
**Licensed also in MN

TRANSMITTAL

TO: DIVISION OF CORPORATIONS

FROM: JUDITH S. MIHLIK, SENIOR LEGAL ASSISTANT

DATE: JUNE 20, 2006

RE: RESEARCH INSTITUTE INTERNATIONAL, INC.
FEI: #59-3186999

Enclosed is the 2006 Annual Report and our client's check for \$61.25 to cover the filing fees for Research Institute International, Inc.

Please file. Thank you

Judy