2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# N93000003456

Entity Name: RESEARCH INSTITUTE INTERNATIONAL, INC.

Current Principal Place of Business:

5635 CLIFTON LN
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

GOODSON,MALEY,FORAKIS & DELAGLORY,PC
340 EAST PALM LN SUITE 300
PHOENIX, AZ 85004 US

New Mailing Address:

GOODSON,MALEY,FORAKIS , PLC
340 EAST PALM LN SUITE 300
PHOENIX, AZ 85004 US

FEI Number: 59-3186999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, RICHARD
THE SEAGLE BLD
408 W. UNIVERSITY AVE SUITE 500
GAINESVILLE, FL 326015289 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: DP ( ) Delete
Name: LOWERY, GARY L
Address: 5635 CLIFTON LN
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: MUSSALLEM, JAMES M
Address: 5801 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD ( ) Delete
Name: HOEHN, ROBERT
Address: 415 EAST 8051 #4R
City-St-Zip: NEW YORK, NY 10021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: LOWERY, GARY L
Address: 5635 CLIFTON LN
City-St-Zip: JACKSONVILLE, FL 32211

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

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

I hereby certify that the information supplied with this filing does not qualify 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: GARY LOWERY DR 07/09/2008

Electronic Signature of Signing Officer or Director — Date