



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # N98000004464			
1. Entity Name BEHAVIORAL RESEARCH & DEVELOPMENT CORPORATION			
Principal Place of Business 2328-A HOLLYWOOD BLVD HOLLYWOOD, FL 33020	Mailing Address 2328-A HOLLYWOOD BLVD HOLLYWOOD, FL 33020		
DO NOT WRITE IN THIS SPACE			
		04162006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-3526100	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 SPIEGEL & UTRERA, P.A. 1840 CORAL WAY, 4TH FLOOR MIAMI, FL 33145		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000521990 05/02/06-80129-021 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, TAMUEL 2328-A HOLLYWOOD BLVD HOLLYWOOD, FL 33020		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSENGALE, PHILLIP 2328-A HOLLYWOOD BLVD HOLLYWOOD, FL 33020		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, RANDOLPH 2328-A HOLLYWOOD BLVD HOLLYWOOD, FL 33020		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
SIGNATURE: <u><i>Samuel Taylor</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		APR 14-06 336-965-6035 <small>Date Daytime Phone #</small>	