## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P00000043943

## **FILED** Mar 28, 2008 8:00 am Secretary of State 03-28-2008 90037 035 \*\*\*150.00

Principal Pace of Business  1897 PAM BEACH LAKES BLVD.STE.117  STURM BEACH LAKES BLVD.STE.117  STURM BEACH LAKES BLVD.STE.117  STURM BEACH LAKES BLVD.STE.117  SUITE. AGE. V. still.  SUITE. AGE. V. still.  SUITE. AGE. V. still.  SUITE. AGE. V. still.  City & State  City & Cit	1. Entity Name RESEARCH IRB, INC.									
Suite, ADL R. etc.    Suite, ADL R. etc.   Suite, ADL R. etc.   Suite, ADL R. etc.   Suite, ADL R. etc.   Suite, ADL R. etc.   A. FET Number (S5-1002792   Respective (S5-1	1897 PALM BEACH LAKES BLVD.,STE.117 931 VILLAG WEST PALM BEACH, FL 33409 SUITE 905-4			NGE BLVD 5-402						
City & State  City & State  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired  S. Certificate of Status Desi	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Space   Spac	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03062008 Chg	-P CR2E03	4 (12/06)		
S. Hame and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Scott, DAVID 931 VILLAGE BLVD Street Address (P.O. Box Number is Not Acceptable)  Cry FL Zio Code  8. The above name entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familier with, and accept the obligations of registered agent, or both, in the State of Florica. I am familier with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Title OP OP OPERATIONS SIGNATURE  OP OP OPERATIONS SIGNATURE  OP OP OP OBER NAME SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP OP OBER ONE; 10.0% SIRET ADDRESS OP: \$1.2P  OP O	City & State		City & State							
Name	Zip	Country	Zip	Country		5. Certificate of Status	Desired D	8.75 Add ee Require	ditiona)	
STEEL NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  10		6. Name and Address of Current	Registered Agent	Name		7. Name and Address	of New Registered Ag	jent		
Eity FLM BEACH, FL 33409  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ponds. I am familiar with, and accept me obligations of registered agent.  SIGNATURE  SOUNT, veel or unreal rather in repassed agent and at a polecation.  SIGNATURE Sount, veel or unreal rather in repassed agent and the at a repassed agent and the at a repassed agent and the at a polecation.  INCL. Registered office or registered agent, or both, in the State of Ponds. I am familiar with, and accept me obligations of registered agent.  SIGNATURE Sount, veel or unreal rather in repassed agent and the at a polecation.  INCL. Registered the state of Ponds. I am familiar with, and accept agent and accept agent.  SIGNATURE Sount, veel or unreal rather in repassed agent and accept agent	931 VILLAGE BLVD									
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 obspacence of separated agent, and the obspacence of separated agent agent.    SIGNATURE		· · -		City			FI	Zip Cod	e	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee, will be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE DP			or the purpose of changing	its registered office	or register	red agent, or both, in the S		miliar with,	and accept	
Atter May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  TILE   DP	SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (N	OTE: Regislered Agent sign	ature required	d when reinstating)	DATE			
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MAKE SIREET ADDRESS CITY-ST-2P  MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND I	DIRECTOR:	S IN 11	
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TITLE   Delete   TITLE   NAME   NAME	TITLE NAME STREET ADDRESS	DVP HABER, AUDREY 931 VILLAGE BLVD STE 905-40	Delete	TITLE NAME STREET ADDRESS				Change	Addition	
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