## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE

STREET ADDRESS CITY-ST-ZIP

## Apr 13, 2006 08:00 AM Secretary of State DOCUMENT # P00000098733 1. Entity Name CLINICAL RESEARCH CONSULTING SERVICES, INC. Principal Place of Business Mailing Address 3730 PREAKNESS PL. #1710 3730 PREAKNESS PL. #1710 PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 No Chg-P CR2E034 (11/05) 04102006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3678709 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LOKYS, NANCY A DO NOT WRITE 3730 PREAKNESS PL. #1710 PALM HARBOR, FL 34684 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 eccept the obligations of registered agent. Signature, typed or printed name of registered agent and tille if applicable. (NOTE. Registered Agent algorature required when reinsteting). DATE \$5.00 May Be File NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550,00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees UNUUNO5(16204 <u> 04/27/06-80013-010 150 m</u> 10. OFFICERS AND DIRECTORS PSTO TITLE NAME LOKYS, NANCY A STREET ADDRESS 3730 PREAKNESS PL. #1710 CITY-ST-ZIP PALM HARBOR, FL 34684 TITLE NAME STREET ADDRESS CITY-ST-ZIP MARKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP MARIE STREET ADDRESS CITY-ST-ZIP

FILED

12. Thereby certify that the information supplied with this filing rices 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 607, 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: Mancy Lokys Nancy Lokys 4/10/06 Date Dayling Phone P