2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084411

Entity Name: CLINICAL STUDIES CONSULTANTS, INC.

FILED Apr 24, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3807 JONATHANS WAY 5970 SUGARCANE LANE BOYNTON BEACH, FL 33436 LAKE WORTH, FL 33467

Current Mailing Address: New Mailing Address:

3807 JONATHANS WAY 5970 SUGARCANE LANE BOYNTON BEACH, FL 33436 LAKE WORTH, FL 33467

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAU, SHARLENE
3807 JONATHANS WAY
5970 SUGARCANE LANE
BOYNTON BEACH, FL 33436 US LAKE WORTH, FL 33467 US

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: SHARLENE LAU 04/24/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name:LAU, SHARLENEName:LAU, SHARLENEAddress:3807 JONATHANS WAYAddress:5970 SUGARCANE LANECity-St-Zip:BOYNTON BEACH, FL 33436City-St-Zip:LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARLENE LAU P 04/24/2005