

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064424

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: EVALUATION AND RESEARCH SPECIALISTS, INC.

## Current Principal Place of Business:

15500 LIGHTWAVE DR, STE 101  
CLEARWATER, FL 33760

## New Principal Place of Business:

15500 LIGHTWAVE DR  
STE 101  
CLEARWATER, FL 33760

## Current Mailing Address:

15500 LIGHTWAVE DR, STE 101  
CLEARWATER, FL 33760

## New Mailing Address:

15500 LIGHTWAVE DR  
STE 101  
CLEARWATER, FL 33760

FEI Number: 03-0469258

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAROLLA, SUSAN M  
1500 LIGHTWAVE DR., STE 101  
CLEARWATER, FL 33760 US

## Name and Address of New Registered Agent:

TAROLLA, SUSAN M  
1500 LIGHTWAVE DR.  
STE 101  
CLEARWATER, FL 33760 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:

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WAGNER, DR. ERIC  
Address: 2496 INAGUS AVE.  
City-St-Zip: MIAMI, FL 33133

Title: VP ( ) Delete  
Name: TAROLLA, SUSAN  
Address: 15500 LIGHTWAVE DR, STE 101  
City-St-Zip: CLEARWATER, FL 33760

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WAGNER, ERIC DR.  
Address: 2496 INAGUA AVE.  
City-St-Zip: MIAMI, FL 33133

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

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: SUSAN TAROLLA

VP

04/18/2005

Electronic Signature of Signing Officer or Director

Date