


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000032335
1. Entity Name
**THE INSTITUTE FOR CORPORATE SECURITIES
RESEARCH, INC.**



Principal Place of Business
**1304 W FAIRBANKS AVE
WINTER PARK, FL 32789**

Mailing Address
**1304 W FAIRBANKS AVE
WINTER PARK, FL 32789**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1505643 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**COVERT, TERRY
1304 W FAIRBANKS AVE
WINTER PARK, FL 32789**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and state if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

**000000389749
01/20/06-80058-024 158.75**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ALLY, ARTHUR D
STREET ADDRESS	1304 W FAIRBANKS AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	VSD
NAME	ALLY, CAMALEE
STREET ADDRESS	1304 W FAIRBANKS AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	ALLY, STEPHEN
STREET ADDRESS	1304 W FAIRBANKS AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	COVERT, TERRY
STREET ADDRESS	1304 W FAIRBANKS AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D
NAME	ALLY, CHERYL M
STREET ADDRESS	1304 W FAIRBANKS AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 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: Terry Covert **TERRY COVERT** 01/17/06 407 648 1986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #