


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90085 013 ***150.00

DOCUMENT # P03000055227	
1. Entity Name COMPCLINRESEARCH INCORPORATED	

Principal Place of Business 10480 MONARCH ST SPRING HILL, FL 34608	Mailing Address 10480 MONARCH ST SPRING HILL, FL 34608
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2. Principal Place of Business 18335 OHLING WAY Suite, Apt. #, etc.	3. Mailing Address 18335 OHLING WAY Suite, Apt. #, etc.
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City & State WEEKI WACHEE, FL	City & State WEEKI WACHEE, FL
Zip 34614	Country 34614



01312006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent HANKINS, EMILY J 11445 RIDDLE DRIVE. SPRING HILL, FL 34609	
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7. Name and Address of New Registered Agent Name HANKINS, EMILY J Street Address (P.O. Box Number is Not Acceptable) 18335 OHLING WAY City WEEKI WACHEE FL Zip Code 34614	
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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 <i>x Emily J Hankins</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>2/3/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HIERS, BURNEY D 95 LANDFALL CIRCLE SAVANNAH, GA 31410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NAKIN, EMILY J 10480 MONARCH STREET SPRING HILL, FL 34608 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HANKINS, EMILY J 18335 OHLING WAY WEEKI WACHEE, FL 34614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *x Emily J Hankins* *x 2/3/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #