

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000055362

Entity Name: BUSINESS OF RESEARCH, INC.

FILED
Oct 14, 2009
Secretary of State

Current Principal Place of Business:

9736 E. LAKE TAHOE DRIVE
INVERNESS, FL 34450

New Principal Place of Business:

1198 WILD GINGER LANE
FLEMING ISLAND, FL 32003

Current Mailing Address:

9736 E. LAKE TAHOE DRIVE
INVERNESS, FL 34450

New Mailing Address:

1198 WILD GINGER LANE
FLEMING ISLAND, FL 32003

FEI Number: 05-0571205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIMES, LEE A R.N.
9736 E. LAKE TAHOE DRIVE
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

GRIMES, LEE A R.N.
1198 WILD GINGER LANE
FLEMING ISLAND, FL 32003 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: LEE ANN GRIMES, RN, BA

10/14/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRIMES, LEE A R.N.
Address: 9736 E. LAKE TAHOE DRIVE
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRIMES, LEE A R.N.
Address: 1198 WILD GINGER LANE
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LEE ANN GRIMES, RN, BA

PRES

10/14/2009

Electronic Signature of Signing Officer or Director

Date