

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079939

FILED
Aug 17, 2004
Secretary of State

Entity Name: CLINICAL RESEARCH SOLUTIONS, INC.

Current Principal Place of Business:

1771 WAVECREST ST
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

1771 WAVECREST ST
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, FATIMA
1771 WAVECREST ST
MERRITT ISLAND, FL 32952

Name and Address of New Registered Agent:

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:

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: DPST () Delete
Name: PHILLIPS, FATIMA
Address: 1771 WAVECREST ST
City-St-Zip: MARRITT ISLAND, FL 32952

Title: DV () Delete
Name: RASHID, ABDUR
Address: 1771 WAVECREST ST
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: FATIMA PHILLIPS

DPST

08/17/2004

Electronic Signature of Signing Officer or Director

Date