2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED
07-08-2005 90024 045 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel JUL 26 2005

07062005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000079939

1. Entity Name
CLINICAL RESEARCH SOLUTIONS, INC.

Principal Place of Business	Mailing Address
1771 WAVECREST ST MERRITT ISLAND, FL 32952	1771 WAVECREST ST MERRITT ISLAND, FL 32952

2. Principal Place of Business	3. Mailing Address
117 Barlow Ave.	117 Barlow Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa Beach, FL	City & State: Cocoa Beach, FL
Zip: 32931 Country:	Zip: 32931 Country:

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PHILLIPS, FATIMA 1771 WAVECREST ST MERRITT ISLAND, FL 32952	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00 Due by September 7, 2005

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

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PHILLIPS, FATIMA 1771 WAVECREST ST MARRITT ISLAND, FL 32952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RASHID, ABDUR 1771 WAVECREST ST MERRITT ISLAND, FL 32952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] Fatima Phillips 7/6/05 321-799-4014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #