2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 17, 2007
Secretary of State

DOCUMENT# P03000079939

Entity Name: CLINICAL RESEARCH SOLUTIONS, INC.

Current Principal Place of Business:

205 N BANANA RIVER DRIVE
SUITE102
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

205 N BANANA RIVER DRIVE
SUITE102
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 20-0115690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHILLIPS, FATIMA
1771 WAVECREST ST
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

PHILLIPS, FATIMA
1787 WAVECREST ST
MERRITT ISLAND, FL 32952 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: ABDUR RASHID 09/17/2007
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: DPST (X) Change ( ) Addition
Name: PHILLIPS, FATIMA
Address: 1787 WAVECREST ST
City-St-Zip: MARRITT ISLAND, FL 32952

Title: DV (X) Change ( ) Addition
Name: RASHID, ABDUR
Address: 1787 WAVECREST ST
City-St-Zip: MERRITT ISLAND, FL 32952

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: ABDUR RASHID DV 09/17/2007
Electronic Signature of Signing Officer or Director Date