

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123569

FILED  
Jan 05, 2006  
Secretary of State

**Entity Name:** THE ACADEMY OF SCIENCES OF THE UNITED STATES OF AMERICA, INC.

**Current Principal Place of Business:**

400 KINGS POINT DRIVE  
SUITE 903  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

400 KINGS POINT DRIVE  
SUITE 903  
SUNNY ISLES BEACH, FL 33160 US

**New Mailing Address:**

**FEI Number:** 80-0081616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZHUKOVA, VALENTINA  
400 KINGS POINT DRIVE  
SUITE 903  
SUNNY ISLES BEACH, FL 33160 US

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ZHUKOVA, VALENTINA  
Address: 400 KINGS POINT DRIVE  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: VALENTINA ZHUKOVA

PRES

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date