

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90072 033 \*\*\*150.00

<b>DOCUMENT # P03000144156</b> 1. Entity Name <b>FORENSIC NEUROSCIENCE, INC.</b>					
Principal Place of Business <b>4933 SPANISH OAK CIRCLE FERNANDINA BEACH, FL 32034</b>			Mailing Address <b>4933 SPANISH OAK CIRCLE FERNANDINA BEACH, FL 32034</b>		
2. Principal Place of Business - No P.O. Box # <b>1855 HIGHLAND GROVE DR</b>		3. Mailing Address Suite, Apt. #, etc. <b>1855 Highland Grove Dr.</b>			
City & State <b>Delray Beach FL</b>		Zip <b>33445</b>		Country <b>Palm Beach</b>	
4. FEI Number <b>52-1928805</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ANTELL, SUE E PHD 4933 SPANISH OAK CIRCLE FERNANDINA BEACH, FL 32034 Delray Beach 33445</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <u><i>[Signature]</i></u> <b>GERALD FOREMAN</b> <span style="float: right;"><b>24 Jan 2007</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	<b>P ANTELL, SUE E PHD.</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>1855 Highland Grove Dr.</b>	NAME			
STREET ADDRESS	<b>Delray Beach, FL 33445 4</b>	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>FOREMAN, GERALD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>1855 Highland Grove Dr.</b>	NAME			
STREET ADDRESS	<b>Delray Beach, FL 33445</b>	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <b>GERALD FOREMAN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>24 Jan 2007 561-449-5338</b> <small>Date Daytime Phone #</small>		

60008194



01082007 Chg-P CR2E034 (12/06)