

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107009

FILED
Mar 29, 2006
Secretary of State

Entity Name: ACT CLINICAL RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

1220 WILLIS AVENUE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

1220 WILLIS AVENUE
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 16-1710315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMPSON, SCOTT E
595 W. GRANADA AVENUE
SUITE A
ORMOND BEACH, FL 32174 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: PRES () Delete
Name: DREGGORS, WAYNE
Address: 1220 WILLIS AVE
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: D () Delete
Name: ADAMS, LAURIE
Address: 860 PEACHWOOD DRIVE
City-St-Zip: DELAND, FL 32720 US

Title: D () Delete
Name: ELDER, LESLIE
Address: P O BOX 35327
City-St-Zip: PALM COAST, FL 32135

Title: D () Delete
Name: GILDERMAN, BRIAN
Address: 1205 N BISCAYNE POINT RD
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MR (X) Change () Addition
Name: TREVATHAN, BEN
Address: 860 PEACHWOOD DRIVE
City-St-Zip: DELAND, FL 32720 US

Title: MS (X) Change () Addition
Name: ZEIDWIG, DIANE
Address: 324 E. CHURCH STREET
City-St-Zip: DELAND, FL 32720

Title: MR (X) Change () Addition
Name: CASTEEL, DAVID
Address: 860 PEACHWOOD DRIVE
City-St-Zip: DELAND, FL 32720

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: WAYNE DREGGORS

MR

03/29/2006

Electronic Signature of Signing Officer or Director

Date