May. 9. 2006 2:05PM HARRY GATES ENTERPRISES

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State
05-15-2006 90043 020 ***150.00

DOCUMENT # P04000126345

1. Entity Name
SJS CLINICAL RESEARCH, INC.

Principal Place of Business	Mailing Address
4641 GULFSTARR DRIVE SUITE 106 DESTIN, FL 32541 US	4641 GULFSTARR DRIVE SUITE 106 DESTIN, FL 32541 US

DO NOT WRITE IN THIS SPACE

05092006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0820524
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRIGGS, SHARON M
4641 GULFSTARR DRIVE
SUITE 106
DESTIN, FL 32541

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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 $550.00
Due by September 5, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	PAGE, SHANNON B
STREET ADDRESS	4641 GULFSTARR DRIVE, SUITE 106
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	SEC/TRES
NAME	Briggs, SHARON M
STREET ADDRESS	4641 Gulfstarr Drive, Suite 106
CITY-ST-ZIP	Destin, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

No notice received and we forgot date to file.

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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.

SIGNATURE: SHANNON B. PAGE 09 May 2006 850 837 6880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #