

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017185

Entity Name: NIH RESEARCH, INC.

FILED  
Apr 06, 2006  
Secretary of State

## Current Principal Place of Business:

6300 NW 120 DR  
CORAL SPRINGS, FL 33076

## New Principal Place of Business:

5411 UNIVERSITY DRIVE  
SUITE 202  
CORAL SPRINGS, FL 33067

## Current Mailing Address:

6300 NW 120 DR  
CORAL SPRINGS, FL 33076

## New Mailing Address:

5411 UNIVERSITY DRIVE  
SUITE 202  
CORAL SPRINGS, FL 33067

FEI Number: 58-2160965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KANSTOROOM, CINDY  
6300 NW 120 DR  
CORAL SPRINGS, FL 33076 US

## Name and Address of New Registered Agent:

CORPWIZ REGISTERED AGENTS, INC.  
8750 N.W. 36 STREET  
SUITE 220  
MIAMI, FL 33178 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: IVONNE GOMEZ

04/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KANSTOROOM, CINDY  
Address: 6300 NW 120 DR  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: CEOD ( ) Delete  
Name: ROBERSON, BRUCE  
Address: 6300 NW 120 DR  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KANSTOROOM, CINDY  
Address: 5411 UNIVERSITY DRIVE, SUITE 202  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: C/D (X) Change ( ) Addition  
Name: ROBERSON, BRUCE  
Address: 5411 UNIVERSITY DRIVE, SUITE 202  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: CEO ( ) Change (X) Addition  
Name: MASSENGILL, STEPHANIE  
Address: 5411 UNIVERSITY DRIVE, SUITE 202  
City-St-Zip: CORAL SPRINGS, FL 33067

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: CINDY KANSTOROOM

P

04/06/2006

Electronic Signature of Signing Officer or Director

Date