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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clinical Research International, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO6000099313

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oliva Piludu, President
(Name of Person)

Clinical Research International, Inc.
(Name of Firm/Company)

3660 NW 17 STREET
(Address)

MIAMI, FL 33125
(City/State and Zip Code)

For further information concerning this matter, please call:

Oliva Piludu at (240) 472-0566
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

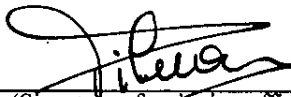
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Nelson Piludu, hereby resign as Director
(Title)

of Clinical Research International, Inc.
(Name of Corporation)

P06000099313, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.



(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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