2006 FOR PROFIT CORPORATION ANNUAL REPORT

. 2	000 FOR PROFIT	APPHOVEL /02							
1. Entity Name	MENT # P95000075 RESEARCH COMPANY OF			06 MAR - 1					
Principal Place of Business 23122 STATE ROAD 7 SUITE 351 BOCA RATON, FL 33428		Mailing Address 23123 STATE ROAD 7 SUITE 351 BOCA RATON, FL 33428			SECRETARY TALLAHASSEI	OF STATE E. Florida	E HALA ELDITEL OL E	P1 1	
	ace of Business N. DIKIE ILMM # etc.	3. Mailing Address ハマゥハ マバミシ ゲッテー Suite, Apt. #, etc.		7 1 1 1 1 1 1 1 1 1					
City & State		City & State		4. FEI Numbe	Chg-P	CR2E034 (10	0/03) Applied I	For	
150°CA Zip 33432	COUNTRY COUNTRY	3343L	Country	11-260: 5. Certificate	2137 of Status Desired		Not Appl 5 Additional equired		
	6. Name and Address of Current F	Registered Agent	Mana	7. Name and	Address of New F				
STEMPEL, HELENE				Name Street Address (P.O. Box Number is Not Acceptable)					
BOCA RAI	ON, FL 33433		HPT 205						
Citygo				ميرا الدوم	, ~\ir,	FL Z	p Code 33337-	7237	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fforida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signatura, typed or printed name of registered agonificated in applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND D		11.	ADDITIONS/	CHANGES TO OFF				
NAME STREET ADDRESS CITY-ST-ZIP	STEMPEL, HELENE 7100 WEST COMINO REAL, #203 BOCA RATON, FL 33433	3	TITLE NAME STREET ADDRESS CITY-ST-ZIP B	5 2 2 3 3 3 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 6 5 6 5 6	emperio	1566 46 1566 46 334	Da	Addition 205	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 tystee 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Date Date									



1700 N. DIXIE HWY • SUITE 111 • BOCA RATON, FL 33432 Tel: (561) 338-2412 • Fax: (561) 338-2415

Feb. 22, 2006

Division of Corporations Annual Report P.O. Box 6327 Tallahassee, Fl 32314

Dear Sir:

. . .

Please reinstate and wave fee. I sent in the 2005 but the Post office never delivered.

I am enclosing a check for \$300 for both forms. 2005 and 2006 as per telephone conversation when I called.

Thank you very kindly.

Helene Stempel

Please see our new address above.