2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006
Secretary of State

DOCUMENT# P96000001863

Entity Name: ADVANCED CLINICAL RESOURCES, INC.

Current Principal Place of Business:

535 CENTRAL AVE #316
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 628
ST. PETERSBURG, FL 337310628

New Mailing Address:

FEI Number: 59-3366803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOOKER, JOSEPH A III
535 CENTRAL AVE.
SUITE 316
ST. PETERSBURG, FL 33701 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: PD ( ) Delete
Name: BOOKER, JOSEPH A III
Address: 325 18TH AVE NE
City-St-Zip: ST. PETERSBURG, FL 33704 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOOKER, JOSEPH A III
Address: 2018 MASSACHUSETTS AVE NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

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: JOSEPH A BOOKER III PD 02/22/2006

Electronic Signature of Signing Officer or Director Date