2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State
03-21-2006 90020 021 ***158.75

DOCUMENT # P96000041953

1. Entity Name
VALUE RESEARCH, INC.

66007854

Principal Place of Business	Mailing Address
5202 KENSINGTON HIGH ST. NAPLES, FL 34105-5651	5202 KENSINGTON HIGH ST. NAPLES, FL 34105-5651 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03072006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2241921 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~GROOSE, DOTTIE~~ GROOSE, DEXTER
5202 KENSINGTON HIGH ST.
NAPLES, FL 34105-5651

7. Name and Address of New Registered Agent

Name: DEXTER R. GROOSE
Street Address (P.O. Box Number is Not Acceptable): 5202 Kensington High St.
City: Naples FL Zip Code 34105

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: Dexter R. Groose, President — March 7, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PS	☒ Delete
NAME	GROOSE, DOROTHY	
STREET ADDRESS	5202 KENSINGTON HIGH ST.	
CITY-ST-ZIP	NAPLES, FL 341055651	
TITLE	VT	☐ Delete
NAME	GROOSE, DEXTER R	
STREET ADDRESS	5202 KENSINGTON HIGH ST	
CITY-ST-ZIP	NAPLES, FL 341055651	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Dexter R. Groose — 3/27/06 — (239) 659-0489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #