

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000101675

FILED
Apr 29, 2005
Secretary of State

Entity Name: MEDICAL RESEARCH AFFILIATES, INC.

Current Principal Place of Business:

12229 ROCKLEDGE CIR.
BOCA RATON, FL 33428 US

New Principal Place of Business:

Current Mailing Address:

12229 ROCKLEDGE CIR.
BOCA RATON, FL 33428 US

New Mailing Address:

FEI Number: 65-0722877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCIARRETTA, STEVEN A ESQ.
2300 GLADES ROAD
SUITE 302E
BOCA RATON, FL 33431 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: PT () Delete
Name: MARVIN LOURIE,
Address: 12229 ROCKLEDGE CIR.
City-St-Zip: BOCA RATON, FL

Title: VS () Delete
Name: ESTELLE LOURIE,
Address: 12229 ROCKLEDGE CIR.
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: MARVIN LOURIE,
Address: 12229 ROCKLEDGE CIR.
City-St-Zip: BOCA RATON, FL 33428 US

Title: VS (X) Change () Addition
Name: ESTELLE LOURIE,
Address: 12229 ROCKLEDGE CIR.
City-St-Zip: BOCA RATON, FL 33428 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARVIN LOURIE

PT

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date