


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P96000101675		
1. Entity Name MEDICAL RESEARCH AFFILIATES, INC.		
Principal Place of Business 12229 ROCKLEDGE CIR. BOCA RATON, FL 33428 US	Mailing Address 12229 ROCKLEDGE CIR. BOCA RATON, FL 33428 US	



07182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0722877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN A ESQ.
2300 GLADES ROAD
SUITE 302E
BOCA RATON, FL 33431

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

U00000571425
07/20/06-80008-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MARVIN LOURIE 12229 ROCKLEDGE CIR. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ESTELLE LOURIE 12229 ROCKLEDGE CIR. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Marvin Lourie MARVIN LOURIE 07/18/06 (561) 477-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #