2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006
Secretary of State

DOCUMENT# P97000039192

Entity Name: PHARMACEUTICAL CLINICAL RESEARCH CORPORATION

Current Principal Place of Business:

19689 BLACK OLIVE LANE
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

19689 BLACK OLIVE LANE
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 65-0751679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARNER, GARY
19689 BLACK OLIVE LANE
BOCA RATON, FL 33498 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GARNER, GARY
Address: 19689 BLACKOLIVE LN
City-St-Zip: BOCA RATON, FL 33498

Title: VP ( ) Delete
Name: GARNER, JEFFREY
Address: 19689 BLACK OLIVE LANE
City-St-Zip: BOCA RATON, FL 33498

Title: ST ( ) Delete
Name: BARON, BARBARA
Address: 12 WELLINGTON
City-St-Zip: GREENVALE, NY 11548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GARY GARNER PRES 07/13/2006

Electronic Signature of Signing Officer or Director Date