## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 17, 2004 08:00 AM Secretary of State **DOCUMENT # P98000044618** 1. Entity Name RESEARCH SCIENCES, INC. Principal Place of Business Mailing Address 7195 SO TROPICAL TRAIL 7195 SO TROPICAL TRAIL MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 CR2E034 (10/03) 03142004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3523112 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUGGERI, FRANK DO NOT WRITE 7195 SO TROPICAL TRAIL MERRITT ISLAND, FL 32952 IN THIS SPACE 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. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 1000000091157 П Trust Fund Contribution. Added to Fees 03/17/04-80048-014 150.00 OFFICERS AND DIRECTORS 10. DPTS TETLE RUGGERI, FRANK NAME 7195 SO TROPICAL TRAIL STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32952 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE DITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify 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 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 expowered 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:

CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

FRINK RUSGIERI

3/20/04

321-633-6700

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