

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000082079

FILED
Apr 28, 2005
Secretary of State

Entity Name: PARTNERS FOR APPLIED SCIENCE, INC.

Current Principal Place of Business:

86 IRONWOOD WAY
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

86 IRONWOOD WAY
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 65-0867034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DR. SCHMITT, RAINER M VPD
86 IRONWOOD WAY
PALM BEACH GARDENS, FL 33418 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: PD () Delete
Name: SCHMITT-VALE, ELFRIEDE
Address: 25 SE 2ND AVENUE, SUITE 1148
City-St-Zip: MIAMI, FL 33131

Title: VPD () Delete
Name: SCHMITT, RAINER
Address: 25 SE 2ND AVENUE, SUITE 1148
City-St-Zip: MIAMI, FL 33131

Title: S (X) Delete
Name: THEUERMEISTER, WOLF
Address: 1717 N BAYSHORE DRIVE, SUITE 3452
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHMITT-VAHLE, ELFRIEDE
Address: 86 IRONWOOD WAY N
City-St-Zip: PALM BEACH GARDENS, FL 33418 PB

Title: VPD (X) Change () Addition
Name: SCHMITT, RAINER
Address: 86 IRONWOODWAY N
City-St-Zip: PALM BEACH GARDENS, FL 33418

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 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: ELFRIEDE SCHMITT-VAHLE

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date