

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000082079

FILED  
Apr 27, 2009  
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-VAHLE, ELFRIEDE E  
Address: 86 IRONWOOD WAY N  
City-St-Zip: PALM BEACH GARDENS, FL 33418 PB

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

Title: T ( ) Delete  
Name: SCHMITT, DANIEL F  
Address: 86 IRONWOOD WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

## 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 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: ELFRIEDE E. SCHMITT-VAHLE

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date