

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 25 AM 9:26



DOCUMENT # P99000068489 1. Entity Name EMERALD COAST RESEARCH GROUP, INC.					
Principal Place of Business 2857 ROYAL ISLE DR. TALLAHASSEE, FL 32312			Mailing Address 2857 ROYAL ISLE DRIVE TALLAHASSEE, FL 32312		
2. Principal Place of Business 3043 6th ST		3. Mailing Address 3043 6th ST		03172006 Chg-P CR2E034 (11/05) 4. FEI Number 59-3590829 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. .		Suite, Apt. #, etc.			
City & State Marianna, FL		City & State Marianna, Florida			
Zip 32446		Country US		Zip 32446	
Country US		Country US		City Marianna FL Zip Code 32446	
6. Name and Address of Current Registered Agent WATSON, DEAN D M.D. 2857 ROYAL ISLE DRIVE TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Kelly Schroeder Street Address (P.O. Box Number is Not Acceptable) 3043 6th ST City Marianna FL Zip Code 32446	
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 <u><i>Henry Schroeder</i></u> DATE 4-19-2006 <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Amended AR is \$61.25		9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution <input type="checkbox"/>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATSON, DEAN D 2857 ROYAL ISLE DRIVE TALLAHASSEE, FL 32312		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Kelly Schroeder 3043 6th st Marianna, FL 32446	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Henry Schroeder</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-19-06 Daytime Phone # (850) 598-3274		