## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

\*

Principal Place of Business 2857 ROYAL ISLE DRIVE TALLAHASSEE, FL 32312  2. Principal Place of Business 30-y 3 GF 5+ 3, Multi Agricus 2857 ROYAL ISLE DRIVE TALLAHASSEE, FL 32312  2. Principal Place of Business 30-y 3 GF 5+ 3, Multi Agricus 2857 ROYAL ISLE DRIVE TALLAHASSEE, FL 32312  2. Principal Place of Business 30-y 3 GF 5+ 3, Multi Agricus 2857 ROYAL ISLE DRIVE 2857 ROYAL ISLE DRIVE 2857 ROYAL ISLE DRIVE 2857 ROYAL ISLE DRIVE TALLAHASSEE, FL 32312  WATSON, DEAN DM D 2857 ROYAL ISLE DRIVE TALLAHASSEE, FL 32312  8. Ranse and Address of Ourself Registered Agent WATSON, DEAN DM D 2857 ROYAL ISLE DRIVE TALLAHASSEE, FL 32312  8. Ranse and Address of Durinest Registered Agent WATSON, DEAN DM D 2857 ROYAL ISLE DRIVE TALLAHASSEE, FL 32312  8. Ranse and Address of Durinest Registered Agent WATSON, DEAN DM D 2857 ROYAL ISLE DRIVE TALLAHASSEE, FL 32312  8. Ranse and Address of Durinest Registered Agent WATSON, DEAN DM D 2857 ROYAL ISLE DRIVE TALLAHASSEE, FL 32312  9. Royal Roya	DOCUMENT # P99000068489  1. Entity Name EMERALD COAST RESEARCH GROUP, INC.							SECRETARY OF STATE DIVISION OF CORPURATIONS						
Malling Address  Malling Address  2 SPS ROYAL SEE RR  TALLAHASSEE, R. 32312  2 Principal Place of Business  3 John S. Christoph See of Business  4 John Application See of Business  5 See of See o						1	III'		06 AP	R 25 A	M 9: 2c			
TALLAHASSEE, FL 32312  2. Principal Piger of Blustmess 30-V3 C**  30-V3 C**  Sum, Apr. in cic.  Sum, Apr. in cic.  Sum, Apr. in cic.  City & State  County  3. 2-4-16  Name and Address of New Registered Apent  WATSON, DEAN D M. D.  2525 ROYAL ISLE DRIVE  Several Address of Use of New Year Islanding with and accept the eological city of State Acceptable)  3. 3-14  3. 3-14  3. 4-15  3. 4-15  3. 4-15  3. 4-15  3. 4-15  3. 4-15  3. 5-15  3. 4-	Principal Place	e of Busines	s	Mailing Address		·				O A	11 2. 20			
Solite Apt F. etc.		2												
Solite Apt F. etc.														
Suite, Api F, etc.    Suite, Api F, etc.   Suite   Suite, Api F, etc.   Suite, Api F, etc.   Suite   Cry 6, Suite   Cry 7, Sui	3043	lace of Busin られ らす	ness •	3. Mailing Address	3. Mailing Address 3043 6 th St					10H F3W 6FN F				
City & State  City & State  City & State  City & State  Country  3 2 4 4 6  Country  4 4 4 6 6  Country  4 4 4 6 6  Country  4 4 4 6 6  Country  5 5 6 6  Country  5 6 6  Country  5 7 6 7 6 7 6 7 6 7 6 7	Suite, Apt.	#, etc.		<del></del>				03172006	Chg-P	CR	(2E034 (11/05)			
MAY   AMA   Country   Zip	City & State	e e	· · · · · · · · · · · · · · · · · · ·	City & State	City & State									
2p			L		Marianna, FLOCIDA						— — — — — — — — — — — — — — — — — — —	<del></del>		
NATSON, DEAN D M.D. 2567 ROYAL ISLE DRIVE TALLAHASSEE, FL 32312  8. The above named antity authorist this statement for the purpose of changing its registered agent.  8. The above named antity authorist this statement for the purpose of changing its registered agent.  8. The above named antity authorist this statement for the purpose of changing its registered agent.  8. The above named antity authorist this statement for the purpose of changing its registered agent.  8. The above named antity authorist this statement for the purpose of changing its registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. SIGNATURES  SIGNATURES  SOWATSON DEAN D  Amended AR is \$61.25  4. OFFICERS AND DIRECTORS  11. PADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/V  TITLE  WATSON, DEAN D  SIRET ADDRESS  OTH-SI-2P  TALLAHASSEE, FL 32312  11. PADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/V  SIRET ADDRESS  OTH-SI-2P  TALLAHASSEE, FL 32312  11. PADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/V  SIRET ADDRESS  OTH-SI-2P  TALLAHASSEE, FL 32312  12. IN SCAN DEAN D  SIRET ADDRESS  OTH-SI-2P  TO DO 74.32.50.67  TO SIRET ADDRESS  OTH-SI-2P  TO SIRET ADDRESS  OTH	l ' .	6	•		Zip Coun		5. Certificate of Status Desired			sired 🔲				
WATSON, DEAN D M D.  Street Address (P.O. Box Number is Not Acceptable)  Street Address of Peticles (P.O. Box Number is Not Acceptable)  Street Address of Peticles (P.O. Box Number is Not Acceptable)  Street Address of Peticles (P.O. Box Number is Not Acceptable)  Street Address of Peticles (P.O. Box Number is Not Acceptable)  Street Address of Peticles (P.O. Box Number is Not Acceptable)  Street Address of Peticles (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Numb		6. Name	and Address of Curre					7. Name an	d Address of	New Register	red Agent			
Since Address (P.O. Bax Number is Not Acceptable)  3	WATSON.													
B. The above named entily 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.    Control   C	2857 ROYAL ISLE DRIVE						Street Address (P.O. Box Number is Not Acceptable)							
E. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.    Common	TALLAMAS	TALLAMASSEE, FL 32312						3013 10th <+						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE														
SIGNATURE   Septide   Se	8. The above	named entit	y submits this statemen	nt for the purpose of changing i	ts registere	ed office or	registere	1 4 N N C	oth, in the Sta					
Amended AR is \$61.25    O. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Bo Added to Face   \$5.00 May Bo Added to										Ī				
Amended AR is \$61.25    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/2   TITLE	SIGNATURES	SIGNATURE LETUC Chroaded 4-19-2006												
Amended AR is \$61.25  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/ TITLE   WATSON, DEAN D   WATSON, WATSON, DEAN D   WATSON, DEAN D   WATSON, WATSON, DEAN D   WATSON, WATSON, DEAN D   WATSON, WATSON, WATSON, DEAN D   WATSON, WATSON, DEAN D   WATSON, WATSON, WATSON, DEAN D   WATSON, WA		Signature) typed	or printell name of registered as	gent and title if applicable. (NC	OTE: Registere	d Agent signatur	re required i	when reinstating)	1		ATE			
TITLE NAME WATSON, DEAN D  WATSON, DEAN D  2857 ROYAL ISLE DRIVE CITY-ST-2P  TALLAHASSEE, FL 32312  Delete  TITLE NAME  STRET ADDRESS CITY-ST-2P  TITLE  Delete  TITLE  NAME  STRET ADDRESS CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  NAME  STRET ADDRESS CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME  STRET ADDRESS CITY-ST-2P  TITLE  Delete  DELETE  DELETE  DELETE  TITLE  DELETE  DELETE  DELETE  DELETE  TITLE  NAME  STRET ADDRESS CITY-ST-2P  DELETE  DELETE  DELETE  TITLE  NAME  STRET ADDRESS CITY-ST-2P  DELETE  DELETE  TITLE  NAME  STRET ADDRESS CITY-ST-2P  DELETE  DELETE  TITLE  NAME  STRET ADDRESS CITY-ST-2P  DELETE  TITLE  NAME  STRET ADDRESS CITY-ST-2P  TITLE  DELETE  DELETE  TITLE  DELETE  TITLE  DELETE	A													
NAME STREET ADDRESS CITY-ST-2P	10.		OFFICERS A		11.				S/CHANGES	O OFFICERS	AND DIRECTOR	S IN 11/		
STREET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32312  TITLE NAME STREET ADDRESS CITY-ST-2P	i I						pres	IDENT	.000		Change	Addition		
TALLAHASSEE, FL 32312  CITY-ST-ZP  MACI A MMC  STRET ADDRESS CITY-ST-ZP  TITLE  STRET ADDRESS CITY-ST-ZP  TITLE  Delete  Delete  Delete  TITLE  Delete  Delete  Delete  TITLE  Delete  Delete  Delete  Delete  TITLE  Delete  Dele		•					7241C	3 6545	t					
NAME STREET ADDRESS CITY-ST-ZP    Delete	CITY-ST-ZIP	TALLAHA	SSEE, FL 32312		CITY-ST-ZIP			cianna	. FL	32446	)			
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS		☐ Delete									☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZP  ITTLE Delete TITLE TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE TITLE Delete Delete Delete TITLE Delete D														
NAME STRET ADDRESS CITY-ST-ZP  ITILE STRET ADDRESS CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  Delete  TITLE STRET ADDRESS CITY-ST-ZP  Delete  TITLE STRET ADDRESS CITY-ST-ZP  Delete  TITLE STRET ADDRESS CITY-ST-ZP  TITLE STRET ADDRESS CIT	CITY-ST-ZIP				CITY	-ST-ZIP					<del> </del>			
STREET ADDRESS CITY-ST-ZIP  ITILE    Delete   TITLE											Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELE	_					-								
NAME STREET ADORESS CITY-ST-ZIP  Delete  TITLE  NAME STREET ADORESS CITY-ST-ZIP  Delete  TITLE  NAME STREET ADORESS CITY-ST-ZIP  TITLE	CITY-ST-ZIP				CITY	-ST-ZIP								
STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Obelete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Obelete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TO Change  Addition  To change  Addition  To change  To change  Addition  To change  Addition  To change  To change  Addition  To change  To change  Addition  To change  To chang	i I			☐ Delete							☐ Change	☐ Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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.	[					_		7	0007	432	5067			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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.					СПУ	-ST-ZIP		05/1	0/060	10060		25		
STRET ADDRESS CITY-ST-ZIP  TITLE NAME STRET ADDRESS CITY-ST-ZIP  TITLE NAME STRET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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.	1	ŀ		☐ Delete							Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  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.														
NAME STRET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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.	CITY-ST-ZIP				СПУ	-ST-ZIP								
STRET ADDRESS CITY-ST-ZIP  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.				Oelete							Change	Addition		
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.														
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.	CITY-ST-ZIP	<u> </u>			CITY	-ST-ZIP				<u> </u>				
1)- 5 (05)590 2004	indicated of the cor	l on this repo rporation or t	rt or supplemental repo he receiver or trustee e	ort is true and accurate and that impowered to execute this repo	t my signat ert as requi	ture shall he	ave the s	ame legal effe	ect as if made	under oath: th	nat I am an officer	or director		
SIGNATURE: TIME (BO) 10:53/1	,	3274												