


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90038 025 ***550.00

DOCUMENT # S84020 1. Entity Name ROYCE RESEARCH GROUP, INC.	
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Principal Place of Business 311 BONNIE CIRCLE CORONA, CA 92880 US	Mailing Address ATTN: SECRETARY 311 BONNIE CIRCLE CORONA, CA 92880
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD CHAO, ALLEN 311 BONNIE CIRCLE CORONA, CA 92880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JOYCE, R. TODD 311 BONNIE CIRCLE CORONA, CA 92880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUCHEN, DAVID A 311 BONNIE CIRCLE CORONA, CA 92880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SLACIK, CHARLES P 311 BONNIE CIRCLE CORONA, CA 92880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HAGADORN, BRETT W 311 BONNIE CIRCLE CORONA, CA 92880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **David A. Buchen, Secretary** **5-23-06** 951/493-5925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #