2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # \$93584

FILED May 04, 2007 8:00 am Secretary of State 05-04-2007 90073 033 ***150.00

	TORICAL RESEARCH CEN ATIONAL, INC.		STORIES .				
2019 CORPORATE DRIVE			Mailing Address 2019 CORPORATE DRIVE BOYNTON BEACH, FL 33426		40104942		
	Place of Business - No P O Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CR2EC	34 (12/06)	
City & State		City & State	City & State			<u> </u>	plied For
Zip	Country	Zip	Country	5. Certificate of Status De		\$8.75 Add Fee Require	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Address of	New Registered	Agent	
	, NANCY V PRES PORATE DRIVE		Name Street Addres	ddress (P.O. Box Number is Not Acceptable)		<u> </u>	
	N BEACH, FL 33426						
			City		FL	Zip Cod	e
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or regis	tered agent, or both, in the Stat	e of Florida. Lam	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title it applicable. (NOTE	i: Registered Agent signature requ	ired when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Contr		5.00 May Be dded to Fees		_	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES T	O OFFICERS AND	DIRECTOR:	S IN 11
TITLE	PD	☐ Delete	TITLE			Change	Addition
NAME ATREE ADDRESS	WALSHE, MICHAEL		NAME				
STREET ADDRESS CITY-ST-ZIP	2019 CORPORATE DRIVE BOYNTON BEACH, FL 33426		STREET ADDRESS CITY-ST-ZIP				
TITLE	VPSD	☐ Delete	TITLE			☐ Change	Addition
NAME	FISH, ESTELLE		NAME				
STREET ADDRESS	2019 CORPORATE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	——————————————————————————————————————	CITY-ST-ZIP			Channe	[] Addition
TITLE NAME	BRETT, SORCHA	Delete	TITLÉ NAME			Change	Addition
STREET ADDRESS	l .						
CITY-ST-ZIP	2019 CORPORATE DRIVE		STREET ADDRESS				
	BOYNTON BEACH, FL 33426						
TITLE	BOYNTON BEACH, FL 33426 VPD	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE			Change	Addition
NAME	BOYNTON BEACH, FL 33426 VPD MARQUIS, NANCY	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	Addition
	BOYNTON BEACH, FL 33426 VPD	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition
NAME STREET ADDRESS	BOYNTON BEACH, FL 33426 VPD MARQUIS, NANCY 2019 CORPORATE DRIVE	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BOYNTON BEACH, FL 33426 VPD MARQUIS, NANCY 2019 CORPORATE DRIVE BOYNTON BEACH, FL 33426 D LEONARD, AIDEN		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BOYNTON BEACH, FL 33426 VPD MARQUIS, NANCY 2019 CORPORATE DRIVE BOYNTON BEACH, FL 33426 D LEONARD, AIDEN 2019 CORPORATE DRIVE		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes | 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

SOUNG OFFICER OR DIRECTOR