

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90452 037 ***150.00

DOCUMENT # V01780
 1. Entity Name
AMERICAN RESEARCH INFORMATION & DEVELOPMENT, INC.



Principal Place of Business Mailing Address
1506 PRUDENTIAL DR. SUITE 102 JACKSONVILLE, FL 32207 US **1506 PRUDENTIAL DR. SUITE 102 JACKSONVILLE, FL 32207 US**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country

00001000

 01302006 Chg-P CR2E034 (11/05)
 4. FEI Number **59-3095807** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MILAM & HOWARD, P.A.
50 N. LAURA ST SUITE 2900 JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent
 Name **Milam Howard Nicandri Dees & Gillam P.A.**
 Street Address (P.O. Box Number is Not Acceptable) **208 N. Laura St. # 800**
 City **Jacksonville** FL Zip Code **32202**

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 **G. Alan Howard, President** DATE **1.31.06**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	GILMORE, JAMES H. JR.	
STREET ADDRESS	1506 PRUDENTIAL DR., SUITE 102	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	V	<input type="checkbox"/> Delete
NAME	CATLETT, JAMES J	
STREET ADDRESS	1506 PRUDENTIAL DR., SUITE 102	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.
SIGNATURE: **JAMES Gilmore** Date **4/25/06** Daytime Phone # **9043969963**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR