
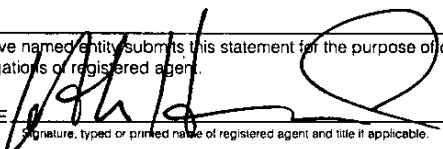
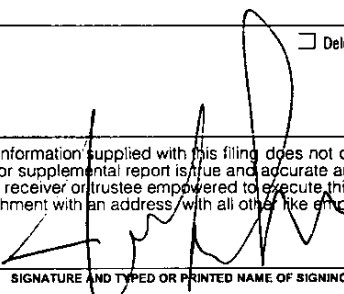


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90452 037 \*\*\*150.00

<b>DOCUMENT # V01780</b> 1. Entity Name <b>AMERICAN RESEARCH INFORMATION &amp; DEVELOPMENT, INC.</b>					
Principal Place of Business <b>1506 PRUDENTIAL DR. SUITE 102 JACKSONVILLE, FL 32207 US</b>		Mailing Address <b>1506 PRUDENTIAL DR. SUITE 102 JACKSONVILLE, FL 32207 US</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01302006 Chg-P CR2E034 (11/05)		4. FEI Number <b>59-3095807</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>MILAM &amp; HOWARD, P.A. 50 N. LAURA ST SUITE 2900 JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name <b>Milam Howard Nicandri Dees &amp; Gillam P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>208 N. Laura St. # 800</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32202</b>		
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  <b>G. Alan Howard, President</b> <b>1.31.06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <input type="checkbox"/> Delete <b>GILMORE, JAMES H. JR. 1506 PRUDENTIAL DR., SUITE 102 JACKSONVILLE, FL 32207</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete <b>CATLETT, JAMES J 1506 PRUDENTIAL DR., SUITE 102 JACKSONVILLE, FL 32207</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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.					
<b>SIGNATURE:</b>  <b>James Gilmore</b> <b>4/25/06</b> <b>9043969963</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					