

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2005 8:00 am
Secretary of State

06-09-2005 90003 035 ***550.00



DOCUMENT # F04000001575
 1. Entity Name
DAIICHI MEDICAL RESEARCH, INC.

Principal Place of Business Mailing Address
ONE MAYNARD DRIVE **ONE MAYNARD DRIVE**
PARK RIDGE NJ 07656-0712 **PARK RIDGE NJ 07656-0712**

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

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
20-0693950 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	ROY ELLIS STANLEY BULLINGHAM	
STREET ADDRESS	ONE MAYNARD DRIVE	
CITY-ST-ZIP	PARK RIDGE NJ 07656-0712	
TITLE	D	<input type="checkbox"/> Delete
NAME	INOUE, ATSUO	
STREET ADDRESS	ONE MAYNARD DRIVE	
CITY-ST-ZIP	PARK RIDGE NJ 07656-0712	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	HIROSHI, HUSHIMOTO	
STREET ADDRESS	ONE MAYNARD DRIVE	
CITY-ST-ZIP	PARK RIDGE, NJ 07656	
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 exemption stated in Section 119.07(3)(i), 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: H. Hushimoto Date 6/01/05 Daytime Phone # 201 573 7247