


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90029 031 ***150.00

DOCUMENT # F98000004203

1. Entity Name
RADIANT RESEARCH INC.



Principal Place of Business Mailing Address

**2081 E OCEAN BLVD
 STE 1-A
 STUART, FL 34996**

**1120 112TH AVENUE NE
 SUITE 480
 BELLEVUE, WA 98004**

40037920



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01242005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

91-1741190 Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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**

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

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	LESTER, MICHAEL K	
STREET ADDRESS	12131-113TH AVE NE STE 202	
CITY-ST-ZIP	KIRKLAND, WA 98034	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, CHRISTOPHER JR	
STREET ADDRESS	300 BRICKSTONE SQUARE, SUITE 1003	
CITY-ST-ZIP	ANDOVER, MA 01810	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SPANIAC, PAM	
STREET ADDRESS	12131-113TH AVE NE STE 202	
CITY-ST-ZIP	KIRKLAND, WA 98034	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, DAVID	
STREET ADDRESS	506 COUNTY ROAD 150	
CITY-ST-ZIP	WESTCLIFFE, CO 81252	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOBO, JOHN D	
STREET ADDRESS	505 SANSOME STREET, SUITE 1550	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERT, KEVIN L	
STREET ADDRESS	1695 HUNTER DRIVE	
CITY-ST-ZIP	MEDINA, MN 55391	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gillis, Steven PhD	
STREET ADDRESS	1124 Columbia Street, Suite 200	
CITY-ST-ZIP	Seattle, WA 98104	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberg, Kevin L.	
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: _____ (Signature) **0-25-05** **425 960 6200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #