

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004645

FILED
Jan 12, 2007
Secretary of State

Entity Name: ENVIRONMENTAL DIAGNOSTICS CORPORATION

Current Principal Place of Business:

4041 UNIVERSITY DRIVE, SUITE 502
FAIRFAX, VA 22030

New Principal Place of Business:

3607-C CHAIN BRIDGE ROAD
FAIRFAX, VA 22030

Current Mailing Address:

4041 UNIVERSITY DRIVE, SUITE 502
FAIRFAX, VA 22030

New Mailing Address:

3607-C CHAIN BRIDGE ROAD
FAIRFAX, VA 22030

FEI Number: 54-1884296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: ADAMEC, DENNIS M
Address: 4041 UNIVERSITY DRIVE, SUITE 502
City-St-Zip: FAIRFAX, VA 22030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: ADAMEC, DENNIS M
Address: 3607-C CHAIN BRIDGE ROAD
City-St-Zip: FAIRFAX, VA 22030

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS M. ADAMEC

PRES

01/12/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date