## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000002064

Entity Name: HIDEN ANALYTICAL, INC.

ANTRIM, NH 03440

City-St-Zip:

FILED Apr 24, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
75 BANCOCK RD., STE H PETERBOROUGH, NH 03458			75 HANCOCK RD., STE H PETERBOROUGH, NH 03458		
Current M	lailing Addre	ss:	New Mailing Address	<b>3:</b>	
C/O RSA, LLC 400 HUNNEWELL ST SUITE 5 ANTRIM, NH 03440			C/O RSA, LLC 464 HILLSIDE AVE SUITE 202 NEEDHAM, MA 02494		
FEI Number	: 02-0484938	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
1200 SOU PLANTATI The above	PORATION SY TH PINE ISLA ION, FL 3332 named entity of Florida.	ND ROAD 4 US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI					
		nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD ( NEALE, I.D. 420 EUROPA I WARRINGTON		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD ( BLACAS, ROB 420 EUROPA I WARRINGTON	BLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( BLACAS, ROB 420 EUROPA WARRINGTON	BLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	S ( ANDERSON, A 5 FOREST ST		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: ROBERT BLACAS T 04/24/2006