2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068748

City-St-Zip:

BOYNTON BEACH, FL 33426

Entity Name: TESTING LABORATORIES OF CANADA INC.

FILED Apr 28, 2004 Secretary of State

LINKY WAITE: TESTING LABORATORIES OF CANADA, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2240 WOOLBRIGHT ROAD					
SUITE 412 BOYNTON BEACH, FL 33426					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
2240 WOOLBRIGHT ROAD					
SUITE 412 BOYNTON BEACH, FL 33426		33426			
FEI Number:	04-3292542	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SUITE 412	LBRIGHT RO				
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BUZIK, YEFIM	OMMERCE DRIVE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	SATTER, STEV 2240 WOOLBI) Delete NART A RIGHT ROAD, SUITE 412 ACH, FL 33426	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	GULKO, MARK) Delete (N RIGHT ROAD, SUITE 412	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 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 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: MARK N. GULKO CFO 04/28/2004