

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120997

FILED
Mar 13, 2007
Secretary of State

Entity Name: STREAMLINE LAB PRODUCTS, INC.

Current Principal Place of Business:

610 CENTER RD.
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60081
FORT MYERS, FL 33906 US

New Mailing Address:

FEI Number: 20-1548570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASSIE, CHARLES A
12065 METRO PKWY SUITE 101
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

MASSIE, CHARLES A
15671 SAN CARLOS BLVD
STE. 201
FORT MYERS, FL 33908 US

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:

03/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHAMBRE, PAUL A
Address: 4560 ESTERO BLVD #501
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: SD () Delete
Name: KULCZYK, DIANE
Address: 896 BUTTONWOOD DRIVE
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL CHAMBRE

PD

03/13/2007

Electronic Signature of Signing Officer or Director

Date