

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# P07000094192

Entity Name: AUTOMA LAB, INC.

Current Principal Place of Business:

380 S. STATE ROAD 434, SUITE 1004-322
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

380 S. STATE ROAD 434
SUITE 1004-322
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

380 S. STATE ROAD 434, SUITE 1004-322
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

380 S. STATE ROAD 434
SUITE 1004-322
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 26-0779497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: PRES () Delete
Name: SHOPE, SARAH E
Address: 380 S. STATE ROAD 434, SUITE 1004-322
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: TRES () Delete
Name: SHOPE, SARAH E
Address: 380 S. STATE ROAD 434, SUITE 1004-322
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: SECT () Delete
Name: SHOPE, BRANDON R
Address: 380 S. STATE ROAD 434, SUITE 1004-322
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: DIR () Delete
Name: SHOPE, SARAH E
Address: 380 S. STATE ROAD 434, SUITE 1004-322
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: DIR () Delete
Name: SHOPE, BRANDON R
Address: 380 S. STATE ROAD 434, SUITE 1004-322
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: DIR () Delete
Name: SHOPE, ALBERT R
Address: 380 S. STATE ROAD 434, SUITE 1004-322
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: BRANDON R SHOPE

SECT

04/08/2008

Electronic Signature of Signing Officer or Director

_____ Date