

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000084308
 1. Entity Name
SEMICONDUCTOR DIAGNOSTICS, INC.



Principal Place of Business 3650 SPECTRUM BLVD SUITE 130 TAMPA, FL 33612 US	Mailing Address 3650 SPECTRUM BLVD SUITE 130 TAMPA, FL 33612 US
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DO NOT WRITE IN THIS SPACE



05312006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3353010	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAGOWSKI, JACEK
 3650 SPECTRUM BLVD #130
 TAMPA, FL 33612

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGOWSKI, JACEK 4908 TURNBURY WOOD DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JASTRZEBSKI, LUBOMIR 450 GULFVIEW BLVD #1705 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KOCHEY, JOSEPH N 6959 13TH AVE N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FINDLAY, ANDREW 17633 ARCHLAND PASS RD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MUELLER, AMY M 5941 63RD TERR, N PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 06/01/06-80002-008 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amy M. Mueller **5/31/06** **813-977-2244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #