


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 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
--	--



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent LAGOWSKI, JACEK 3650 SPECTRUM BLVD #130 TAMPA, FL 33612	<b>DO NOT WRITE IN THIS SPACE</b>
--	-----------------------------------

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

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 8959 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	

**DO NOT WRITE IN THIS SPACE**

1100000582211  
01/11/07-80021-025 158.75

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 1/4/07 813-977-2244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #