

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064079

FILED  
Feb 08, 2007  
Secretary of State

Entity Name: MUNICIPAL TESTING LABORATORY OF FLORIDA, INC.

**Current Principal Place of Business:**

7520 NW 82ND ST  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 85  
BETHPAGE, NY 11714

**New Mailing Address:**

FEI Number: 65-0863976      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JAYCOX, CLAUDE  
7520 NW 82ND ST  
MIAMI, FL 33166    US

**Name and Address of New Registered Agent:**

JAYCOX, STEVEN  
7520 NW 82ND ST  
MIAMI, FL 33166    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: STEVEN JAYCOX

02/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            JAYCOX, CLAUDE  
Address:        7520 NW 82ND ST  
City-St-Zip:    MIAMI, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            D            (X) Change ( ) Addition  
Name:            JAYCOX, STEVEN  
Address:        7520 NW 82ND ST  
City-St-Zip:    MIAMI, FL 33166

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: STEVEN JAYCOX

D

02/08/2007

Electronic Signature of Signing Officer or Director

Date