

2008 FOR PROFIT CORPORATION ANNUAL REPORT**FILED
Aug 25, 2008
Secretary of State**

DOCUMENT# P98000064079

Entity Name: MUNICIPAL TESTING LABORATORY OF FLORIDA, INC.**Current Principal Place of Business:****New Principal Place of Business:**7520 NW 82ND ST
MIAMI, FL 33166**Current Mailing Address:****New Mailing Address:**P.O.BOX 85
BETHPAGE, NY 11714**FEI Number:** 65-0863976**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:****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: _____

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: D () Delete
Name: JAYCOX, STEVEN
Address: 7520 NW 82ND ST
City-St-Zip: MIAMI, FL 33166

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: STEVEN JAYCOX

D

08/25/2008

Electronic Signature of Signing Officer or Director_____
Date