


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 19, 2006 08:00 AM
Secretary of State**

DOCUMENT # V08227
1. Entity Name
CLINLAB, INC.



Principal Place of Business: 2411 E GRAVES AVE, STE 1, ORANGE CITY, FL 32763-8581
Mailing Address: 2411 E GRAVES AVE, STE 1, ORANGE CITY, FL 32763-8581 US



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3103260 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STEWART, DANIEL
1220 GREENLAND HAMMOCK
DELAND, FL 32720

DO NOT WRITE IN THIS SPACE

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 restating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE: P	NAME: STEWART, DANIEL STREET ADDRESS: 1220 GREENLAND HAMMOCK CITY-ST-ZIP: DELAND, FL 32720
TITLE: VPS	NAME: WILSON, JAMES A STREET ADDRESS: 1834 KEELING DR CITY-ST-ZIP: DELTONA, FL 32738
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01/24/06-80031-021 150.00

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James A. Wilson 1/12/06 386 777 0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #