

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 184202

FILED
Apr 19, 2006
Secretary of State

Entity Name: THORNTON LABORATORIES, INC.

Current Principal Place of Business:

1145 EAST CASS STREET
TAMPA, FL 336023536

New Principal Place of Business:

Current Mailing Address:

1145 EAST CASS STREET
TAMPA, FL 336023536

New Mailing Address:

FEI Number: 59-0481400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDBERG, HUGO C
4307 W. ROLAND ST
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HARRISON, MARGARET
Address: 901 S OREGON
City-St-Zip: TAMPA, FL 33606

Title: TD () Delete
Name: THORNTON, ELISHA
Address: 5907 FITZGERALD ROAD
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: THORNTON, JAMES
Address: 5907 FITZGERALD ROAD
City-St-Zip: ODESSA, FL 33556

Title: PD () Delete
Name: HARRISON, ERIC
Address: 901 S. OREGON
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: HARRISON, ALEXIS
Address: 901 S OREGON
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: HARRISON, BRETT
Address: 901 S OREGON
City-St-Zip: TAMPA, FL 33606 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ERIC E HARRISON

PD

04/19/2006

Electronic Signature of Signing Officer or Director

Date