

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 233487

FILED
May 13, 2009
Secretary of State

Entity Name: HAINES TESTING LABORATORY, INC.

Current Principal Place of Business:

13285-62ND STREET N.
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

13285-62ND STREET N.
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 59-0918454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAINES, JUDITH L
13285-62ND ST N
CLEARWATER, FL 33760 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

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: HAINES, JUDITH L
Address: 13285 62ND ST N
City-St-Zip: CLEARWATER, FL 33760

Title: VD () Delete
Name: WHEELER, ROBERT L.
Address: 823A GULF BLVD E.
City-St-Zip: INDIAN ROCKS BEACH, FL

Title: SD () Delete
Name: BOSTOCK, NANCY N
Address: 4124 BEACH DR. SE
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: TD () Delete
Name: NELIS, JENNIFER J
Address: 4806 CALASANS AVE.
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: NELIS, JENNIFER J
Address: 4806 CALASANS AVE.
City-St-Zip: SAINT CLOUD, FL 34771

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: JUDITH L. HAINES

PC

05/13/2009

Electronic Signature of Signing Officer or Director

_____ Date