# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 10, 2011**
**Secretary of State**

DOCUMENT# 414761

**Entity Name:** TEST LAB, INC.

**Current Principal Place of Business:**

4112 W OSBORNE AVE
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 15732
TAMPA, FL 33684 US

**New Mailing Address:**

**FEI Number: 59-1427227** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

CORNWELL, HELEN
4112 W OSBORNE AVE
TAMPA, FL 33614 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: P/D
Name: CORNWELL, HELEN
Address: 12713 ASTON CREEK DRIVE
City-St-Zip: TAMPA, FL 33626

Title: CFO
Name: CORNWELL, MARK S
Address: 4112 W. OSBORNE AVE
City-St-Zip: TAMPA, FL 33616

Title: VP
Name: CARRON, DAVID M
Address: 8830 ROBSON ST
City-St-Zip: TAMPA, FL 33615

Title: VP
Name: BERG, JEAN A
Address: 11940 LARK SONG LOOP
City-St-Zip: RIVERVIEW, FL 33579

Title: S/T
Name: REEVES, ELLEN L
Address: 5319 STARHILL PLACE
City-St-Zip: TAMPA, FL 33624

Title: VP
Name: BURNS, KEVIN S
Address: 5107 N. LINCOLN AVE.
City-St-Zip: TAMPA, FL 33614

I hereby 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 all other like empowered.

SIGNATURE: MARK S. CORNWELL CFO 02/10/2011

Electronic Signature of Signing Officer or Director — Date