

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 455464

FILED  
Mar 02, 2006  
Secretary of State

Entity Name: CAMBRIDGE DIAGNOSTIC PRODUCTS, INC.

**Current Principal Place of Business:**

6880 NORTHWEST 17TH AVENUE  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

6880 NORTHWEST 17TH AVENUE  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 38-1490777      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GOLD, GARY  
6880 NW 17TH AVE  
FT. LAUDERDALE, FL 33309      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: D      ( ) Delete  
Name: GOLD, MARC ASST  
Address: 6880 NORTHWEST 17TH AVE  
City-St-Zip: FT. LAUDERDALE, FL

Title: PD      ( ) Delete  
Name: GOLD, GARY,  
Address: 6880 NORTHWEST 17TH AVE  
City-St-Zip: FT. LAUDERDALE, FL

Title: PD      ( ) Delete  
Name: GOLD, ROY,  
Address: 6880 NORTHWEST 17TH AVE  
City-St-Zip: FT. LAUDERDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: GOLD, MARC ASST  
Address: 6880 NORTHWEST 17TH AVE  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: PD      (X) Change ( ) Addition  
Name: GOLD, GARY,  
Address: 6880 NORTHWEST 17TH AVE  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: PD      (X) Change ( ) Addition  
Name: GOLD, ROY,  
Address: 6880 NORTHWEST 17TH AVE  
City-St-Zip: FT. LAUDERDALE, FL 33309

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: GARY E GOLD

PD

03/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date