


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 594022</b> 1. Entity Name <b>DUVAL ENVIRO TESTS, INC.</b>	
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Principal Place of Business <b>2750 WINDEMERE CT MIDDLEBURG, FL 32068-5813 US</b>	Mailing Address <b>2750 WINDEMERE CT MIDDLEBURG, FL 32068-5813 US</b>
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02192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1865005</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HAWKINS, GEORGE H.  
2750 WINDEMERE CT  
MIDDLEBURG, FL 32068-5813**

**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

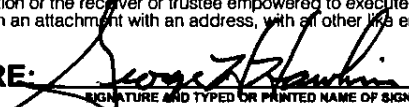
**9. Election Campaign Financing**  **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS, GEORGE H. 2750 WINDEMERE CT MIDDLEBURG, FL 320685813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAWKINS, JANE 2750 WINDEMERE CT MIDDLEBURG, FL 320685813
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U00000648823  
03/07/07-80024-019 150.00

**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 if changed, or on an attachment with an address, with all other lists empowered.

**SIGNATURE:**  **George H. Hawkins** 02/21/07 904/291-0517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #