## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 644767** 

Entity Name: ELEMENT ANALYSIS CORPORATION

FILED Feb 08, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2101 CAPSTONE DR SUITE 110 LEXINGTON, KY 40511				2101 CAPSTONE DR SUITE 110 LEXINGTON, KY 40511			
Current Mailing Address:				New Mailing Address:			
2101 CAPSTONE DR SUITE 110 LEXINGTON, KY 40511				2101 CAPSTONE DR SUITE 110 LEXINGTON, KY 40511			
FEI Number:	59-1963467	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desi	red ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	ON, PAMELA AMS ROAD 32311 US						
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.							
SIGNATUR	RE:						
Electronic Signature of Registered Agent						Date	
Election Carr	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PSD () STOCKS, RONA 2101 CAPSTONI LEXINGTON, KY	E DR., #110		Title: Name: Address: City-St-Zip:	PSD (X) STOCKS, RONA 141 LIGHTHOUS MIDWAY, KY 4	SE WAY	
Title: Name: Address: City-St-Zip:	TDV () STOCKS, KATHI 2101 CAPSTONI LEXINGTON, KY	E DR., #110		Title: Name: Address: City-St-Zip:	TDV (X) STOCKS, KATH 141 LIGHTHOUS MIDWAY, KY 4	SE WAY	
Title: Name: Address: City-St-Zip:	AT () Delete STOCKS, FAYE 21 BENTWOOD DRIVE CANDLER, NC 28715			Title: Name: Address: City-St-Zip:	AT (X) Change ( ) Addition STOCKS, FAYE 171 SUTTON RD. OWENS CROSS ROADS, AL 35763		
Title: Name: Address: City-St-Zip:	D () PERRAUT, BOB 275 ZANDALE D LEXINGTON, KY			Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () STAUFFER, MAR 4505 THORNBR LEXINGTON, KY	IDGE LN.		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	

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: KATHRYN M STOCKS VP 02/08/2007