

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 644767

FILED
Mar 20, 2009
Secretary of State

Entity Name: ELEMENT ANALYSIS CORPORATION

Current Principal Place of Business:

2101 CAPSTONE DR
SUITE 110
LEXINGTON, KY 40511

New Principal Place of Business:

Current Mailing Address:

2101 CAPSTONE DR
SUITE 110
LEXINGTON, KY 40511

New Mailing Address:

FEI Number: 59-1963467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONALDSON, PAMELA
6294 WILLIAMS ROAD
TALL, FL 32311 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: PSD () Delete
Name: STOCKS, RONALD W
Address: 141 LIGHTHOUSE WAY
City-St-Zip: MIDWAY, KY 40347

Title: TDV () Delete
Name: STOCKS, KATHRYN M
Address: 141 LIGHTHOUSE WAY
City-St-Zip: MIDWAY, KY 40347

Title: AT () Delete
Name: STOCKS, FAYE
Address: 171 SUTTON RD.
City-St-Zip: OWENS CROSS ROADS, AL 35763

Title: D () Delete
Name: PERRAUT, BOB
Address: 275 ZANDALE DR.
City-St-Zip: LEXINGTON, KY 40503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: KATHRYN M. STOCKS

VP

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date