2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# 825963

Entity Name: SHELDON LABORATORY SYSTEMS, INC.

Current Principal Place of Business:

102 KIRK STREET
CRYSTAL SPRINGS, MS 39059

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 836
CRYSTAL SPRINGS, MS 39059 US

New Mailing Address:

FEI Number: 64-0366456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP ( ) Delete
Name: ADKINS, CARL E
Address: 124 HICKORY GLEN
City-St-Zip: MADISON, MS 39110

Title: TD ( ) Delete
Name: SORGENFREI, MARK A
Address: 1517 KRISTEN DR.
City-St-Zip: JACKSON, MS 39211

Title: SD ( ) Delete
Name: PEETS, RANDOLPH D III
Address: 700 PINEWAY HILL
City-St-Zip: JACKSON, MS 39208

Title: VP ( ) Delete
Name: BRASHIER, CHUCK
Address: 130 BENNINGTON POINTE
City-St-Zip: MADISON, MS 39110

Title: SVP ( ) Delete
Name: FITZGERALD, BRYAN A
Address: 4657 OLD LAKE RD.
City-St-Zip: JACKSON, MS 39212

Title: VP ( ) Delete
Name: THAMES, CLAY
Address: 105 ESSEX COURT
City-St-Zip: MADISON, MS 39110

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:

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 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: CHUCK BRASHIER VP 03/17/2006

Electronic Signature of Signing Officer or Director Date