

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001610

FILED
Apr 15, 2009
Secretary of State

Entity Name: DIVERSIFIED INSPECTIONS/INDEPENDENT TESTING LABORATORIES, INC.

Current Principal Place of Business:

7777 N. BLACK CANYON HWY., SUITE B1
PHOENIX, AZ 85021

New Principal Place of Business:

7777 N. BLACK CANYON HWY.
PHOENIX, AZ 85021

Current Mailing Address:

P.O. BOX 39669
PHOENIX, AZ 85069

New Mailing Address:

P.O. BOX 39669
PHOENIX, AZ 85069 96

FEI Number: 86-0682814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CDP () Delete
Name: BISBEE, LELAND S III
Address: 7777 N. BLACK CANYON HWY., SUITE B1
City-St-Zip: PHOENIX, AZ 85021

Title: S () Delete
Name: BISBEE, LELAND S III
Address: 7777 N. BLACK CANYON HWY., SUITE B1
City-St-Zip: PHOENIX, AZ 85021

Title: T () Delete
Name: BISBEE, LELAND S III
Address: 7777 N. BLACK CANYON HWY., SUITE B1
City-St-Zip: PHOENIX, AZ 85021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDP (X) Change () Addition
Name: BISBEE, LELAND S III
Address: 7777 N. BLACK CANYON HWY.
City-St-Zip: PHOENIX, AZ 85021

Title: S (X) Change () Addition
Name: BISBEE, LELAND S III
Address: 7777 N. BLACK CANYON HWY.
City-St-Zip: PHOENIX, AZ 85021

Title: T (X) Change () Addition
Name: BISBEE, LELAND S III
Address: 7777 N. BLACK CANYON HWY.
City-St-Zip: PHOENIX, AZ 85021

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: LELAND S BISBEE III

CDP

04/15/2009

Electronic Signature of Signing Officer or Director

Date