


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90062 049 ***158.75

DOCUMENT # F03000005332			
1. Entity Name PN LABS, INC.			
Principal Place of Business 321 NORTHLAKE BLVD. SUITE 110 NORTH PALM BEACH FL 33408		Mailing Address 1630 WINTER SPRINGS BLVD. WINTER SPRINGS FL 32708	
2. Principal Place of Business 798 EXECUTIVE DRIVE		3. Mailing Address	
Suite, Apt. #, etc. SUITE B		Suite, Apt. #, etc.	
City & State OVIEDO FL		City & State	
Zip 32765	Country USA	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 20-0225764		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NEWMAN, IRWIN J 2101 NW CORPORATE BLVD., SUITE 414 BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name: ARMAND DAUPLAISE Street Address (P.O. Box Number is Not Acceptable): 1630 WINTER SPRINGS BLVD WINTER SPRINGS City: FL Zip Code: 32708	

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: *Armand Dauplaise* (NOTE: Registered Agent signature required when reinstating) DATE: 1/25/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DAUPLAISE, ARMAND 1630 WINTER SPRINGS BLVD. WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILL, JEFFREY 1630 WINTER SPRINGS BLVD. WINTER SPRINGS FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BOB RAMSEY SAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHINDER, BERNARD 1630 WINTER SPRINGS BLVD. WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without other like empowered.

SIGNATURE: *Armand Dauplaise* ARMAND DAUPLAISE 1/25/05 407-977-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #