


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90021 047 ***150.00

DOCUMENT # F04000003466	
1. Entity Name ATLANTIC TESTING LABORATORIES, LIMITED, INC.	

Principal Place of Business 6431 U.S. HIGHWAY 11 CANTON, NY 13617	Mailing Address 6431 U.S. HIGHWAY 11 CANTON, NY 13617
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1109111	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KELLY, SUSAN E 2600 HARDEN BLVD., LOT #71 LAKELAND, FL 33803

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVC REMINGTON, MARIJEAN B 6431 U.S. HIGHWAY 11 CANTON, NY 13617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KUHN, JAMES J P.E. 22 CORPORATE DRIVE CLIFTON PARK, NY 12065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD THEW, JAMES S P.L.S. 6431 U.S. HIGHWAY 11 CANTON, NY 13617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TC THEW, SPENCER F P.E.L.S 6431 US HWY 11 CANTON, NY 13617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CRONIN, THOMAS G 22 CORPORATE DR CLIFTON PARK, NY 12065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: Marijean B. Remington MARIJEAN B. REMINGTON

315.386.4578

Date Daytime Phone #