

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001010

FILED  
Jan 09, 2006  
Secretary of State

Entity Name: SCIENCE RESEARCH LABORATORY, INC.

## Current Principal Place of Business:

15 WARD STREET  
SOMERVILLE, MA 02143

## New Principal Place of Business:

## Current Mailing Address:

15 WARD STREET  
SOMERVILLE, MA 02143

## New Mailing Address:

FEI Number: 04-2786396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NAITONAL CORPORATE RESEARCH LTD., INC.  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301 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: CPS ( ) Delete  
Name: JACOB, JONAH  
Address: 62 BEECH ROAD  
City-St-Zip: BROOKLINE, MA 02446

Title: VCT ( ) Delete  
Name: MANGANO, JOSEPH  
Address: 12744 YACHT CLUB CIRCLE ROAD  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: JESON, LINDA  
Address: 21 BARTLETT CRESENT  
City-St-Zip: BROOKLINE, MA 02446

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: JASON, LINDA  
Address: 21 BARTLETT CRESENT  
City-St-Zip: BROOKLINE, MA 02446

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: JONAH JACOB

DR

01/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date