

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90042 009 ***150.00

DOCUMENT # F05000003704	
1. Entity Name COBALT LABORATORIES INC.	

Principal Place of Business 24840 S. TAMiami TRAIL SUITE 1 & 2 BONITA SPRINGS, FL 34134	Mailing Address 24840 S. TAMiami TRAIL SUITE 1 & 2 BONITA SPRINGS, FL 34134
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60033318



DO NOT WRITE IN THIS SPACE

01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2652794	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C JACKSON, RODERICK P 25067 RIDGE OAK DRIVE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC TABATZNIK, J. NEIL 21 STRATHEARN ROAD TORONTO, ONTARIO CANADA, M6C 1R2
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANZEN, ROBERT P 23750 VIA TREVI WAY APT. 703 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMSON, HOWARD ARROW NO 7 LTD 7 CAVENDISH SQUARE LONDON WIG OPE UK,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TABATZNIK, ANTHONY 75 SHERRINGHAM QUEESMEAD LONDON NW 8,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Dawn Beto 3950 Eastlake Dr. Morgantown, WV 26508

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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: R. P. Jackson 3/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #