


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # F05000007109 1. Entity Name PANALYTICAL INC.	
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Principal Place of Business 12 MICHIGAN DRIVE NATICK, MA 01760	Mailing Address 12 MICHIGAN DRIVE NATICK, MA 01760
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DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 45-0483849	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

CORPORATE CREATIONS NETWORK INC.
 11380 PROSPERITY FARMS ROAD #221E
 PALM BEACH GARDENS, FL 33410

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, 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 VAN VELZEN, PETER 12 MICHIGAN DRIVE NATICK, MA 01760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WEBSTER, JAME CHARLES 12 MICHIGAN DRIVE NATICK, MA 01760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUIPERES, GJALT 12 MICHIGAN DRIVE NATICK, MA 01760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KERSTENS, RIK 12 MICHIGAN DRIVE NATICK, MA 01760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000695017
 04/17/07-80045-002 150.00

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: *[Signature]* 3/27/07 508 647 1186
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #