

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06000007839**

1. Entity Name  
**KRONOS SCIENCE LABORATORIES, INC.**



**Principal Place of Business**

**2222 E HIGHLAND  
SUITE 220  
PHOENIX, AZ 85016**

**Mailing Address**

**2390 E CAMELBACK ROAD  
SUITE 440  
PHOENIX, AZ 85016**



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-2979074**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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**

000000585297  
01/16/07-80008-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	THATCHER, JONATHAN CEO
STREET ADDRESS	2390 E CAMELBACK ROAD, SUITE 440
CITY- ST- ZIP	PHOENIX, AZ 85016
TITLE	PD
NAME	HEWARD, CHRIS
STREET ADDRESS	2390 E CAMELBACK ROAD, SUITE 440
CITY- ST- ZIP	PHOENIX, AZ 85016
TITLE	SD
NAME	JOHNSON, JAY M
STREET ADDRESS	2390 E CAMELBACK ROAD, SUITE 440
CITY- ST- ZIP	PHOENIX, AZ 85016
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAY M. JOHNSON**

Date

**1-3-07**

Daytime Phone #

**602-522-1143**

**SECRETARY**