2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# F08000000334

Entity Name: DSD LABORATORIES, INC.

Current Principal Place of Business:

75 UNION AVE.
SUDBURY, MA 01776

New Principal Place of Business:

Current Mailing Address:

75 UNION AVE.
SUDBURY, MA 01776

New Mailing Address:

FEI Number: 04-2659094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUERRERI, BART G
1000 5TH STREET
UNIT A221
MIAMI BEACH, FL 33139 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:	CHRM	( ) Delete
Name:	GUERRERI, BART G	
Address:	1000 5TH STREET UNIT A221	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	T	( ) Delete
Name:	GUERRERI, BART G	
Address:	1000 5TH STREET UNIT A221	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	P	( ) Delete
Name:	KREBS, WILLIAM	
Address:	11921 FREEDOM DR. TWO FOUNTAIN SQ #550	
City-St-Zip:	RESTON, VA 20190	
Title:	VCHR	( ) Delete
Name:	GUERRERI, ANDREA R	
Address:	1000 5TH STREET UNIT A221	
City-St-Zip:	MIAMI BEACH, FL 33139	
Title:	S	( ) Delete
Name:	GURWITZ, MICHAEL	
Address:	75 UNION AVE.	
City-St-Zip:	SUDBURY, MA 01776	
Title:	S	( ) Delete
Name:	GUERRERI, STEPHEN J	
Address:	104 MOCKINGBIRD LANE	
City-St-Zip:	CARY, NC 27511	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CFO	(X) Change ( ) Addition
Name:	GURWITZ, MICHAEL	
Address:	75 UNION AVE.	
City-St-Zip:	SUDBURY, MA 01776	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL H.GURWITZ CFO 01/28/2009

Electronic Signature of Signing Officer or Director — Date