

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21831

FILED
Jan 30, 2007
Secretary of State

Entity Name: ROYCE LABORATORIES, INC.

Current Principal Place of Business:

311 BONNIE CIRCLE
CORONA, CA 92880 US

New Principal Place of Business:

Current Mailing Address:

ATTENTION: SECRETARY
311 BONNIE CIRCLE
CORONA, CA 928802882

New Mailing Address:

FEI Number: 59-2202295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DCP () Delete
Name: CHAO, ALLEN
Address: 311 BONNIE CIRCLE
City-St-Zip: CORONA, CA 928802882

Title: S () Delete
Name: BUCHEN, DAVID A
Address: 311 BONNIE CIRCLE
City-St-Zip: CORONA, CA 928802882

Title: V () Delete
Name: MUNRO, GORDON
Address: 360 MT. KEMBLE AVE.
City-St-Zip: MORRISTOWN, NJ 079621953

Title: V (X) Delete
Name: SLACIK, CHARLES P
Address: 311 BONNIE CIRCLE
City-St-Zip: CORONA, CA 92880

Title: V () Delete
Name: CHOW YEE, MARIA
Address: 311 BONNIE CIRCLE
City-St-Zip: CORONA, CA 92880

Title: V () Delete
Name: EBERT, CHARLES
Address: 417 WAKARA WAY
City-St-Zip: SALT LAKE CITY, UT 84108

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
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Address:
City-St-Zip:

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

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

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: DAVID A. BUCHEN

SECR

01/30/2007

Electronic Signature of Signing Officer or Director

_____ Date