## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F63542

Title:

Name:

Address:

City-St-Zip:

( ) Delete

TERZADO, ILEANA

927 W 37 STREET

HIALEAH, FL

FILED Feb 13, 2006 Secretary of State

Entity Name: TOXICOLOGY TESTING SERVICE, INC.	
Current Principal Place of Business:	New Principal Place of Business:
5426 NW 79 AVE MIAMI, FL 33166 US	
Current Mailing Address:	New Mailing Address:
1140 KANE CONCOURSE FIFTH FLOOR BAY HARBOR ISLANDS, FL 33154 US	250 SEVEN FARMS DRIVE SUITE - C CHARLESTON, SC 294928207 US
FEI Number: 59-2175222 FEI Number Applied For ( ) FEI Number	mber Not Applicable ( ) Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
ROBERT HENRY SILVERS CPA PA 1140 KANE CONCOURSE FIFTH FLOOR BAY HARBOR ISLANDS, FL 33154 US	ROBERT HENRY SILVERS C.P.A., L.L.C. 9130 SOUTH DADELAND BOULEVARD TWO DATRAN CENTER SUITE - 1609 MIAMI, FL 331567851 US
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: ROBERT HENRY SILVERS, C.P.A.	02/13/2006
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:         PD () Delete           Name:         HALL, TERRY,           Address:         18481 SW 238 STREET           City-St-Zip:         HOMESTEAD, FL	Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:
Title: D ( ) Delete  Name: HALL, RUTH BETTY,  Address: 18481 SW 238 STREET  City-St-Zip: HOMESTEAD, FL	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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TERRY HALL PD 02/13/2006

() Change () Addition