
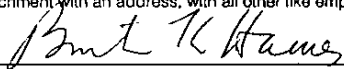


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90105 048 \*\*\*150.00

<b>DOCUMENT # F94000001261</b>					
1. Entity Name U.S. LABORATORIES (DELAWARE) INC.					
Principal Place of Business 11860 W. STATE ROAD 84, #1 FORT LAUDERDALE, FL 33325 US			Mailing Address C/O THELEN REID & PRIEST LLP 875 THIRD AVE #1433 NEW YORK, NY 10022 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 33-0586167	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC WRIGHT, DICKERSON 7895 CONVOY ST, STE 18 SAN DIEGO, CA 92111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRIEN, MARYJO 7895 CONVOY ST, STE 18 SAN DIEGO, CA 92111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC PIEDELIEVRE, FRANK <sup>(K)</sup> 17 BIS, PL DES REFLETS, LA DEFENSE 2 GOURBEVOIE, FR-92400 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PIEDELIEVRE, FRANK 92400 COURBEVOIE, FRANCE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRANCOIS, TARDAN 17 BIS, PL DES REFLETS, LA DEFENSE 2 GOURBEVOIE, FR-92400 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 92400 COURBEVOIE, FRANCE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAIMES, BURTON K 11860 W. STATE ROAD 84, #1 FORT LAUDERDALE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 875 THIRD AVENUE, #1433 NEW YORK, NY 10022		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition EVP TONG, RICHARD 11860 WEST STATE ROAD 84, STE. 1 FT. LAUDERDALE, FL 33325		
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: 		Burton K. Haimes		4-20-06 (212) 603-2060	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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04182006 Chg-P CR2E034 (11/05)

ATTACHMENT

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DOCUMENT #F94000001261

Entity Name: U.S. LABORATORIES (DELAWARE) INC.

Annex to Florida 2006 For Profit Corporation Annual Report

Block 11 - Additional Officer

TITLE	FINANCIAL CONTROLLER
NAME	DAMASCENO, LUIS C.
STREET ADDRESS	11860 W. STATE ROAD 84, SUITE 1
CITY - ST - ZIP	FT. LAUDERDALE, FL 33325