

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005764

FILED
Jan 18, 2006
Secretary of State

Entity Name: COLUMBIA ANALYTICAL SERVICES, INC.

Current Principal Place of Business:

8540 BAYCENTER RD.
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

P O BOX 479
KELSO, WA 98626

New Mailing Address:

FEI Number: 91-2050686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPAMERICA, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PDC () Delete
Name: VINCENT, STEVE PRES
Address: 1317 S. 13TH AVE.
City-St-Zip: KELSO, WA 98626

Title: VDC () Delete
Name: CHRISTIAN, JEFF VP
Address: 1317 S. 13TH AVE.
City-St-Zip: KELSO, WA 98626

Title: VCAO () Delete
Name: CARLSON, JAMES M VP/TREA
Address: 1317 S. 13TH AVE.
City-St-Zip: KELSO, WA 98626

Title: VDC () Delete
Name: WARD, GARY VP
Address: 1317 S 13TH AVE
City-St-Zip: KELSO, WA 98626

Title: VDC () Delete
Name: PERRY, M VP
Address: 1 MUSTARD ST.
City-St-Zip: ROCHESTER, NY 14609

Title: VDC () Delete
Name: WILSON, EMMETT VP
Address: 6925 CANOGA AVENUE
City-St-Zip: CANOGA PARK, CA 91303

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: () 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: JAMES M CARLSON

VCAO

01/18/2006

Electronic Signature of Signing Officer or Director

Date