

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000073

Entity Name: FIBERDYNE LABS, INC.

FILED
Jan 06, 2011
Secretary of State

Current Principal Place of Business:

127 BUSINESS PARK DR.
FRANKFORT, NY 13340

New Principal Place of Business:

Current Mailing Address:

127 BUSINESS PARK DR.
FRANKFORT, NY 13340

New Mailing Address:

FEI Number: 16-1468561 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

OFFICERS AND DIRECTORS:

Title: COB
Name: POLUS, A. PETER II
Address: 818 PARK LANE DR.
City-St-Zip: HERKIMER, NY 13350

Title: SEC
Name: POLUS, GAIL
Address: 818 PARK LANE DR.
City-St-Zip: HERKIMER, NY 13350

Title: PRES
Name: POLUS, CHAD
Address: 740 SPRINGDALE AVE.
City-St-Zip: HERKIMER, NY 13350

Title: CEO
Name: POLUS, PETER III
Address: 720 SPRINGDALE AVE.
City-St-Zip: HERKIMER, NY 13350

Title: TREA
Name: MOSNY, HEATHER
Address: 818 TALSON PARK DRIVE
City-St-Zip: HERKIMER, NY 13350

I hereby 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 all other like empowered.

SIGNATURE: ALFRED D. AMENDOLARE, JR

CFO

01/06/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date