2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# F97150

Entity Name: GRAY LABORATORIES, INC.

Current Principal Place of Business:

5335 B OAKBROOK PKWY
NORCROSS, GA 30093 US

New Principal Place of Business:

Current Mailing Address:

5887 GLENRIDGE DRIVE
SUITE 130
ATLANTA, GA 30328 US

New Mailing Address:

FEI Number: 58-1495823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMMEE, JOHN T
2380 S. RIVER RD
MELBOURNE BCH., FL 32951 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CPD	( ) Delete
Name:	GRAY, JAMES S	
Address:	4718 PINE ACRES COURT	
City-St-Zip:	DUNWOODY, GA 30338 US	
Title:	D	( ) Delete
Name:	FARRELL, MICHAEL J	
Address:	8400 HAMPTON BLUFF DRIVE	
City-St-Zip:	ALPHARETTA, GA 30004 US	
Title:	S	( ) Delete
Name:	CUVIELLO, PAMELA J	
Address:	1002 DUNBAR DRIVE	
City-St-Zip:	DUNWOODY, GA 30338 US	
Title:	D	( ) Delete
Name:	WILLIAMMEE, JOHN T	
Address:	2380 S. RIVER ROAD	
City-St-Zip:	MELBOURNE BEACH, FL 32951 US	
Title:	VD	( ) Delete
Name:	TERRY, SMITH P	
Address:	4351 BRIDGEHAVEN DRIVE	
City-St-Zip:	SMYRNA, GA 30080 US	

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:	

I hereby certify that the information supplied with this filing does not qualify 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: PAMELA J CUVIELLO S 05/06/2008

Electronic Signature of Signing Officer or Director Date