## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000000437

Entity Name: LABTEST INTERNATIONAL, INC.

FILED Jan 12, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2107 SWIF SUITE 200	_					
Current Mailing Address:			New Maili	New Mailing Address:		
	TOPHER VER KER DRIVE, IL 60601					
FEI Number:	16-1541809	FEI Number Applied For ( )	FEI Number Not Appl	olicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
1200 SOUT	DRATION SYS H PINE ISLAN DN, FL 33324	ND ROAD				
The above in the State		submits this statement for the pur	rpose of changing it	its registered office or registered agent, or both,		
SIGNATUR	E:					
	Electron	ic Signature of Registered Agen	t	Date		
Election Cam	paign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	RIDER, GENE	Delete RIVE, SUITE 200 L 60523	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP () CORONA, ROQ 70 DIAMOND R SPRINGFIELD,	OAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	TD () COUROSSI, TIM 70 CODMAN HI BOXBOROUGH	LL ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SD () LAW, CHRISTIN 2/F GARMENT ( KOWLOON, HC	NA CENTRE, 576 CASTLE PEAK RD.	Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition LAW, CHRISTINA 2/F GARMENT CENTRE, 576 CASTLE PEAK RD. KOWLOON, HONG KONG, XX XXXXX XX		
Title: Name: Address: City-St-Zip:	BOGACKI, MICH	RIVE, SUITE 200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	WANGARD, RO	KER DRIVE, SUITE 4100	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition YAO, KIN H 2/F GARMENT CENTRE, 576 CASTLE PEAK RD. KOWLOON, HONG KONG, XX XXXXX XX		

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: MICHAEL BOGACKI AT 01/12/2007