

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001699

FILED
Feb 19, 2007
Secretary of State

Entity Name: STRECK LABORATORIES INC.

Current Principal Place of Business:

7002 S. 109TH ST.
LAVISTA, NE 68128

New Principal Place of Business:

Current Mailing Address:

PO BOX 45625
OMAHA, NE 68145

New Mailing Address:

FEI Number: 47-0536601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYAN, WAYNE
1599 S. BARFIELD COURT
MARCO ISLAND, FL 34145 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: PD () Delete
Name: RYAN, CONNIE
Address: 7002 S. 109TH ST.
City-St-Zip: LAVISTA, NE 68128

Title: CD () Delete
Name: RYAN, WAYNE
Address: 7002 S. 109TH ST.
City-St-Zip: LAVISTA, NE 68128

Title: S () Delete
Name: BULAND, JEANNE
Address: 7002 S. 109TH ST.
City-St-Zip: LAVISTA, NE 68128

Title: D () Delete
Name: KROHN, ROBERT
Address: 1427 S. 85TH AVENUE
City-St-Zip: OMAHA, NE 68124

Title: D () Delete
Name: SKINNER, C M
Address: 6975 GREEN TREE DRIVE
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: MCCLURG, JAMES
Address: 624 PEACH STREET
City-St-Zip: LINCOLN, NE

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: CONNIE RYAN

PD

02/19/2007

Electronic Signature of Signing Officer or Director

_____ Date