2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2006 08:00 AM Secretary of State DOCUMENT # F99000002911 1. Entity Name SUMMIT LABORATORY SUPPLY, INC. Principal Place of Business Mailing Address P.O. BOX 1056 P.O. BOX 1056 OSPREY FL 34229 OSPREY FL 34229 2. Principal Place of Business 3. Malino Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 39-1577668 Not Applicable Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEIBEL, CAROL Street Address (P.O. Box Number is Not Acceptable) 7165 CURTISS AVENUE SARASOTA FL 34231 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or plinted name of registered agent and little if applicable (NOTE Registered Agent signature required when revisitating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ vaqiilov NAME DEIBEL, ROBERT H NAME U00000560054 STREET ADDRESS 7165 CURTISS AVENUE STREET ADDRESS 05/18/06-80024-012 150.00 CITY-ST-ZIP SARASOTA FL 34231 DIY-ST-ZIP TATLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DEIBEL, CAROL NAME STREET ADURESS 7165 CURTISS AVENUE STREET ADDRESS CDTY - ST - ZN CHY-ST-ZW SARASOTA FL 34231 TITLE Debete mu [] Change ☐ Addition MAME NAME STREET ADDRESS STRULL ADDRESS CITY-ST-709 CITY-S1-ZIP TITLE C Celeie 3331.E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change 🔲 Addilları NAME MARAE STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP CITY-ST-Z'P ☐ Detete Title Channe ☐ Addition NAME NAME STREET ACCORDESS STREET ADDRESS C(TY-ST-Z)P CITY-ST-ZIP

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SIGNATURE: MAN & Delli Care L. Deibel 4/30/06 9419251579

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11