2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H81222

1. Entity Name
THEON LABORATORIES, INC.

Principal Place of Business	Mailing Address
4600 NORTH HABANA AVENUE, SUITE 17 TAMPA, FL 33614	4600 NORTH HABANA AVENUE, SUITE 17 TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

01052006   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-2612740

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, DONALD W
4600 NORTH HABANA AVE, #17
TAMPA, FL 33614

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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 printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00
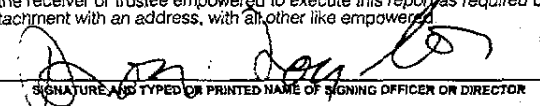
9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

000000384430
01/17/06-80011-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	TAYLOR, DONALD W
STREET ADDRESS	4600 N HABANA AVE #17
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____   1-10-06   8138772155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #