
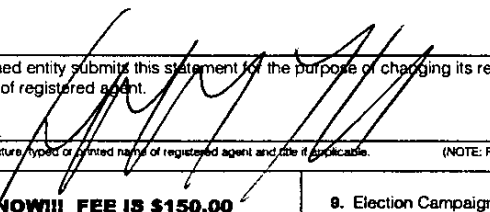
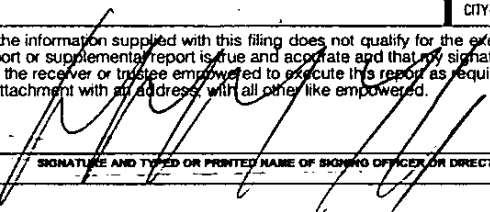


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90027 010 \*\*\*158.75

<b>DOCUMENT # J81483</b> 1. Entity Name <b>PHARMAKON LABORATORY, INC.</b>					
Principal Place of Business <b>6050 JET PORT INDUSTRIAL BLVD. TAMPA, FL 33634</b>			Mailing Address <b>6050 JET PORT INDUSTRIAL BLVD. TAMPA, FL 33634</b>		
2. Principal Place of Business <b>6032 JET Port IND. Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>6032 JET Port IND. Blvd.</b> Suite, Apt. #, etc.			
City & State <b>Tampa FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>59-2821514</b>	
Zip <b>33634</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ACEBO, ABELARDO LAZARO 6050 JET PORT INDUSTRIAL BLVD. TAMPA, FL 33634</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6032 JET Port INDUSTRIAL BLVD</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33634</b>		
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:  DATE: <b>7/1/06</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACEBO, ABELARDO LAZARO 19808 SUNSPASH LANE LUTZ, FL 33558	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACKSON, EDWARD R II 13601 DIAMOND HEAD DR TAMPA, FL 33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHD STEPHEN PAUL GAYHEART 3030 HARGRETH LANE SAFELY HARBOR, FL 34695	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 supplementary 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:  DATE: <b>7/1/06</b> (813) 886 3216 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					