


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J87235		
1. Entity Name NATIONAL CERTIFIED TESTING LABORATORIES, INC.		

FILED
04 AUG 30 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1464 GEMINI BLVD ORLANDO, FL 32837 US	Mailing Address 1464 GEMINI BLVD ORLANDO, FL 32837 US
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2. Principal Place of Business 8350 Parkline Blvd Suite, Apt. #, etc. Suite 320 City & State Orlando, FL 32809 Zip 32809	3. Mailing Address 8350 Parkline Blvd. Suite, Apt. #, etc. Suite 320 City & State Orlando, FL 32809 Zip 32809
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07072004	Chg-P	CR2E034 (10/03)
4. FEI Number 59-2851899	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HEIN, DALE E. 1464 GEMINI BLVD ORLANDO, FL 32837

7. Name and Address of New Registered Agent Name Hein, Dale E. Street Address (P.O. Box Number is Not Acceptable) 8350 Parkline Blvd. Suite 320 City Orlando FL Zip Code 32809
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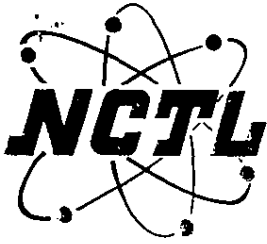
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: DALE E. HEIN, President <i>Dale E. Hein</i>	07/13/04 DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HEIN, DALE 5 LEIGH DR. YORK, PA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CUMMINGS, JIM 5 LEIGH DR. YORK, PA <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DALE E. HEIN, President <i>Dale E. Hein</i>	07/13/04 (717) 846-1200 Date Daytime Phone #



NATIONAL CERTIFIED TESTING LABORATORIES

8350 PARKLINE BLVD SUITE 320 • ORLANDO, FLORIDA 32809 • TELEPHONE (407) 240-1356
FAX (407) 240-8882
www.nctlinc.com

August 09, 2004

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

COPY

Dear Ms. Hood:

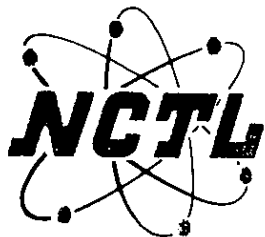
Enclosed is a copy of our Check #2787, dated 07/10/04, which was inadvertently mailed to Florida Department of State, (PO Box 1500, incorrect address), from National Certified Testing Laboratories for our 2004 For Profit Corporation Annual Report Document #J87235 without the proper paperwork. We verified with our bank that the check has not cleared but as of this date has not been returned to us as your office stated. We called and we were informed that any check received without the proper paperwork would be returned to the originator.

We apologize for any inconvenience and extra work we may have caused your office but would appreciate your assistance in helping us clear up this matter. Please let us know if you have received our check and the status of our account.

Sincerely,

ANDREW BLAKESLEY
Accounting Manager

AB/cc
Enclosures (3)



NATIONAL CERTIFIED TESTING LABORATORIES

FIVE LEIGH DRIVE • YORK, PENNSYLVANIA 17402 • TELEPHONE (717) 846-1200
FAX (717) 767-4100
www.nctlinc.com

August 25, 2004

Florida Department of State
Division of Corporations
ATTN: Ms. Marquitta Williams
Document Specialist
PO Box 632
Tallahassee, FL 32314

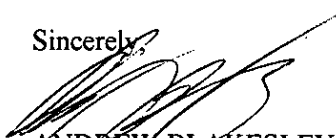
Dear Ms. Williams:

In regards to your letter of August 18, 2004, Letter Number 804A00050844 (copy enclosed), please find enclosed our Annual/Uniform Business Report Form and our Check #2787 dated 07/10/04. The check was inadvertently mailed without this form and thus has been in a postage "limbo" for about one month. This letter is being mailed from our corporate office located in York, Pennsylvania.

Please waive our reinstatement fee considering the time lapse in our filing but we are seriously trying to make everything right. Believe me, being the new office accountant, I am very aware of the "correct" procedure in filing this report for the year 2005 (Form + check = correct filing).

Again, thank you for your time and assistance in this matter.

Sincerely,



ANDREW BLAKESLEY
Accounting Manager

AB/ccc
Enclosures