


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90065 001 \*\*\*150.00

<b>DOCUMENT # J87235</b> 1. Entity Name <b>NATIONAL CERTIFIED TESTING LABORATORIES, INC.</b>					
Principal Place of Business <b>8350 PARKLINE BLVD SUITE 12 ORLANDO, FL 32809 US</b>			Mailing Address <b>8350 PARKLINE BLVD SUITE 12 ORLANDO, FL 32809 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2851899</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01282008    Chg-P    CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>CUMMINGS, I. JAMES 8350 PARKLINE BLVD, STE 320 ORLANDO, FL 32809</b>			7. Name and Address of New Registered Agent Name <b>CUMMINGS, I. JAMES</b> Street Address (P.O. Box Number is Not Acceptable) <b>8350 PARKLINE BLVD SUITE 12</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32809</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPT HEIN, DALE <input checked="" type="checkbox"/> Delete 5 LEIGH DR. YORK, PA		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP CUMMINGS, JAMES I <input type="checkbox"/> Delete 5 LEIGH DR. YORK, PA 17406		TITLE NAME STREET ADDRESS CITY- ST- ZIP	President/Owner CUMMINGS, I. JAMES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5 LEIGH DR YORK, PA 17406	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		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 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.					
<b>SIGNATURE: I. JAMES CUMMINGS, President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>02/04/08</b> <small>Date</small>		<b>717-846-1200</b> <small>Daytime Phone #</small>

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