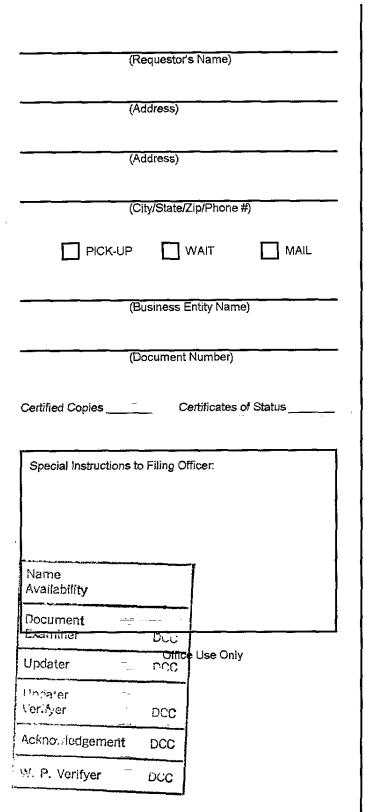
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SECULARY OF STATE OF STATE AND AUGUST AND AU

STEVEN R. KUTNER, P.A.

Telephone (407) 644-1104 Facsimile (407) 629-0090 Attorney at Law KEEWIN LEXINGTON PARK 151 Lookout Place, Suite 110 Post Office Box 948311 Maitland, Florida 32794-8311

July 29, 2005

Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re: Analytical Alliance Group Business Closing

Our File No.: 05-0049

Dear Sir or Madam:

Enclosed please find a Statement of Change of Registered Office and Check No. 9531 in the amount of Twenty-Five and 00/100 (\$25.00) which represents the filing fee

If you have any questions regarding the above captioned matter, please do not hesitate to call.

Very truly yours,

STEVEN R. KUTNER, P.A.

Julie L. Kelley, Secretary to

Steven R. Kutner, Esquire

Enclosures

SECRETIST OF STATE A

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. The name of the limited | l liability company is: | Analytical | Alliance Group | , LLC | |
|---|---|---|--|--------------------------------|--|
| 2. The mailing address of | the limited liability co | ompany is : _ | 6729 Edgewate | r Commerce | Parkway, |
| Orlando, Florida 32810 | | | | • | |
| May 27, 2005 | ¥ | | L0500005714 | 3 | |
| 3. Date of filing/registration | on in Florida | 2 · 16 | 4. Document nu | mber | |
| 5. The name of the register Florida Department of S | | | address as shown | on the record | ls of the |
| | 171 Circle Drive | Name | au . | v. | |
| | Maitland, Florida 3: | Address 2751 State and Zi | D | | |
| 6. The name and address of | | • | • | | |
| | Trung A. Cowley | | | | |
| | 6729 Edgewater Co | Name ommerce Pa | arkway | ÷ ; | |
| <u>-</u> | Florida street addres | s (P.O. Box l | NOT acceptable) | | |
| | Orlando | FL 32810 |) | | |
| | Cíty, S | State and Zip | | - , , | |
| If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of (Signature of a member or authorise). Trung A. Cowley | ange or changes are methe registered agent we eby confirmed that the liability company or the limited liability c | nade, the Flor ill be identica change(s) w as otherwise ompany. | ida street address d. Or, in the case | of the registe of a Florida | ered office ! limited |
| (Printed or typed name of signee) | | | · Section 1 | | |
| I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, Lhereby confirm Signature of Registered Agent) | ntment as registered as of all statutes relatived accept the obligation his document is being that the limited liability. | gent and agree to the property of my posite filed to mere ty company h | ec to act in this co er and complete p ion as registered ly reflect a chang as been notified i | | ther agree to of my duties, vided for in tered office this change. |
| (Signature of Registered Agent) | * | - | • . | • | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) FILING FEE: \$25.00