FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 24, 2003 8:00 am Secretary of State

1. Entity Nar	JMENT # L12712 RY LABORATORIES,	INC.			02-24-2003 909	63 002 ***150.00
	DO NOT WRITE		PACE		•	00033333
2. Principal Place of Business 390 North Wickham Road 3. Mailing Address 7501 E. McC		ormick Parkway				
Suite Apt. #, etc. Suite F		Suite Apt. #. etc. Suite 100LL			DO NOT WRITE IN THIS SPACE	
City & Stat		City & State			4. FEI Number	Applied For
_	rne, Florida Country	Scottsdale,	Arizona Country		65-0140334	Not Applicable
32935	, USA	85258	USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required
			1 4 4 4	7	. Name and Address of Current Registers	'
	DO NOT W		Name	Jim (Gambino	
age (1954)	Street A	Street Address (P.O. Box Number is Not Acceptable) 390 North Wickham Road				
			City	<u>Suite</u>		Zip Code
Thompson				Melbo	urne Fi	- ₹2935
the obligat	tions of registered agent.	the purpose of changing it	s registered office of	registere	d agent, or both, in the State of Florida. I am	familiar with, and accept
SIGNATU	Signature, typed or printed name of registered agent a	-			,,,,,	
va V. ∵Jai	nuzry 1 - May 1 Fee is \$150.00	INC the it applicable. (NO	TE: Registered Agent signal	Te tedriled w	then reinstating) DATE	
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Flérida Department of State					Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	A Maria Company of the annual contract contract of the angle of				-	
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TITLE	President		Sinte 3	: 15 Jaji		
NAME :	President Rex Maughan	DIRECTORS	NAME			
IIICE	President Rex Maughan 7501 E. McCormick F Scottsdale, AZ 8525	Parkway	# 12 * 15 * 1.5 *			
NAME STREET ADDRESS CITY-ST-ZIP	President Rex Maughan 7501 E. McCormick F. Scottsdale, AZ 8525 Secretary/Treasurer	Parkway	NAME STREET ADDIESS CITY ST ZIP			
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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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rjay Lloyd

R OR DIRECTOR

01/21/03

(488) 998-8888

Date:

Daytme Phone #