2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 25, 2007 08:00 A DOCUMENT # L71967 **Secretary of State** DISCOVERY TANK TESTING, INC. Principal Place of Business Mailing Address 1209 GATEWAY RD., SUITE 203 PO BOX 14207 LAKE PARK, FL 33403 US N PALM BEACH, FL 33408 US 01222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0198831 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JERRY PELLEGRINO DO NOT WRITE 1209 GATEWAY RD., SUITE 203 WEST PALM BEACH, FL 33403 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TELF U000000603225 PELLEGRINO, GERALD NAME 01/29/07-00005-003 150.00 STREET ADDRESS 1209 GATEWAY RD., #203 CITY-ST-ZIP LAKE PARK, FL 33403 TILE MALK STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C87Y-ST-7IP

12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions confained 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.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR GIRECTOR

1-22-07

201-840-1666

FILED