2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00 AM Secretary of State **DOCUMENT # L90066** 1. Entity Name DEIBEL LABORATORIES OF FLORIDA, INC. Principal Place of Business Mailing Address 7165 CURTISS AVE P.O. BOX 1056 SARASOTA, FL 34231 OSPREY, FL 34229-1056 04262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0335355 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent ANDERSON, KENT J. DO NOT WRITE 7101 S TAMIAMI TRAIL SUITE A IN THIS SPACE SARASOTA, FL 34231 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 if applicable. (NOTE: Registered Agent signature required when reinstation) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trest Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DEIBEL, ROBERT H. NAME STREET ADDRESS 7165 CURTISS AVE CITY-ST-ZIP SARASOTA, FL 34231 TMF DEIBEL, CAROL L. NAME 05/04/05-80127-011 155.00 7165 CURTISS AVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 TITLE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP TOF IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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: BOOM & Delul Carl L. Deibel

NAME STREET ADDRESS CITY-ST-ZIP

4/28/05 94/925/579

FILED