## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011096

FILED Jan 16, 2006 Secretary of State

Entity Name: STUDENT DRUG TESTING OF AMERICA, INC

Current Principal Place of Business:			New Principal Place of Business:	
2191 JULI. # 2	AN AVE			
	Y, FL 32905	US		
Current Mailing Address:		New Mailing Address:		
2191 JULI.	AN AVE			
# 2 PALM BA\	Y, FL 32905	US		
FEI Number	: 20-3113418	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Addre	ess of New Registered Agent:
REILLY, JO 2191 JULI. # 2 PALM BA		US		
The above	named entity			
	e of Florida.	/ submits this statement for the	ourpose of changing its regis	stered office or registered agent, or both,
in the State	e of Florida. RE:			stered office or registered agent, or both,
in the State	e of Florida. RE:	onic Signature of Registered Ag		stered office or registered agent, or both,  Date
in the State	e of Florida. RE:	onic Signature of Registered Ag	ent	
in the State	e of Florida.  RE: Electro  S AND DIRE  P ( TAULE, ELAII 2188 W ATLA	onic Signature of Registered Ag CTORS:  ) Delete NE	ent	Date
in the State SIGNATUI  OFFICER  Title: Name: Address:	e of Florida.  RE: Electro  S AND DIRE  P ( TAULE, ELAII 2188 W ATLA DELRAY BEA  VP ( CAMPBELL,	conic Signature of Registered Ag  CTORS:  ) Delete  NE  NTIC AVE  ICH, FL 33445 US  ) Delete  JAMES  ILN DRIVE #310	ent  ADDITIONS/CHA  Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECTORS
in the State SIGNATUI  OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida.  RE: Electro  S AND DIRE  P ( TAULE, ELAII 2188 W ATLA DELRAY BEA  VP ( CAMPBELL, 12000 LINCO MARLTON, N	CTORS:  () Delete NE NTIC AVE NCH, FL 33445 US  () Delete JAMES JUN DRIVE #310 J 08053 US  () Delete EPH F AVE	ent  ADDITIONS/CHA  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date ANGES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH F REILLY SEC 01/16/2006