## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000045175

28 MADISON CIRCLE

ROCKLEDGE, FL 32955

Address:

City-St-Zip:

Entity Name: SPINEBOARD DECONTAMINATION CORPORATION

FILED Apr 27, 2005 Secretary of State

Output Drive to al Disease & Dustiness			Na Dain a	New Principal Place of President		
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
26 PARK A ROCKLED	NE GE, FL 32955					
Current Mailing Address:			New Mailing Address:			
26 PARK A ROCKLED	VE GE, FL 32955					
FEI Number: 59-3728083 FEI Number Applied Fo		FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
GILLIARD, 26 PARK A ROCKLED		US				
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered off	ice or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Agen	t		Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () GILLIARD, JEFI 26 PARK AVE ROCKLEDGE, F		Title: Name: Address: City-St-Zip:	()(	Change()Addition	
Title: Name: Address: City-St-Zip:	CEO () GILLIARD, JEFI 26 PARK AVE ROCKLEDGE, F		Title: Name: Address: City-St-Zip:	( ) (	Change()Addition	
Title: Name: Address: City-St-Zip:	GILLIARD, WEN	NTON BLVD #301	Title: Name: Address: City-St-Zip:	DV (X) 0 GILLIARD, WENI 294 CLEAR CRE SHELBYVILLE, K	EK RD	
Title: Name:	DV () GILLIARD, JIMN	Delete /Y J	Title: Name:	()	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JEFFERY D. GILLIARD PRES 04/27/2005