2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049273

Entity Name: REMLE LABS, INC.

FILED Apr 22, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|----------------------------------|---|--|--|
| | OUTH HWY US , FL 32110 | 31 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | OUTH HWY US , FL 32110 | 31 | | | |
| FEI Number | : 59-3719756 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | current Registered Agent: | Name and Address o | Name and Address of New Registered Agent: | |
| DAYTONA | GEWOOD AVI A BEACH, FL (| 32114 US | | | |
| | named entity : e of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electror | ic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () HAAS, MICHAE 1096 LANDERS ORMOND BEA | STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () HAAS, JONATH 1096 LANDERS ORMOND BEA | SST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | S (X GORDON, JEN |) Delete NIFER E | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify 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 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: MICHAEL HAAS P 04/22/2009

P.O.BOX 194 602 EAST PALM STREET

BUNNELL, FL 32110

Address: City-St-Zip: