2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056157

FILED Jan 26, 2006 Secretary of State

Entity Name: HARBOR BRANCH ENVIRONMENTAL LABORATORY, INC.

	rincipal Place (of Business:	New Principal Place	of Business:	
	WY. 1 NORTH E, FL 34946				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	WY. 1 NORTH E, FL 34946				
FEI Number:	65-1124202	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
STEWART 3355 OCE, VERO BEA The above	ACH, FL 32963		rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electronic	c Signature of Registered Ager	nt	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	CD () [POMPONI, SHIR 5710 PAPAYA DI		Title: Name: Address:	() Change () Addition	
	FORT PIERCE, F	⁻ L 34982	City-St-Zip:		
City-St-Zip: Title: Name: Address:	FORT PIERCE, F	Delete Y A RTH	City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD () I CROMER, CIND 5600 U.S. 1 NOR FORT PIERCE, F	Delete Y A RTH FL 34946 Delete NORTH	Title: Name: Address:	() Change () Addition () Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () I CROMER, CIND' 5600 U.S. 1 NOR FORT PIERCE, F VD () I CHAREST, ERIC 5600 US HWY 1 FORT PIERCE, F	Delete Y A ITH FL 34946 Delete NORTH FL 34946	Title: Name: Address: City-St-Zip: Title: Name: Address:		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAY WALTERS CD 01/26/2006