


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000116100 1. Entity Name 24/7 DRUG SCREENING, INC.	
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Principal Place of Business 2677 FORESTHILL BLVD SUITE 121 WEST PALM BEACH, FL 33406 US	Mailing Address 2677 FORESTHILL BLVD SUITE 121 WEST PALM BEACH, FL 33406 US
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DO NOT WRITE IN THIS SPACE



07302007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1156843	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEO, ANTHONY LAKESHORE PLAZA 2677 FOREST HILL BLVD SUITE 121 WEST PALM BEACH, FL 33406	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)

U00000774002
09/14/07-20002-011 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LEO, ANTHONY 2677 FOREST HILL BLVD SUITE 121 WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, ANDREW E DR. 2677 FOREST HILL BLVD SUITE 121 WEST PALM BEACH, FL 33406
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DR. ANDREW PETERSON 09/12/07 (561) 966-8744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #