2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P01711

Entity Name: INFOLAB, INC.

Current Principal Place of Business:

HIGHWAY 61
CLARKSDALE, MS 38614

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1309
CLARKSDALE, MS 38614

New Mailing Address:

FEI Number: 64-0470300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPRADLING, JOEL S
5542 SOUTH WEST 6TH PLACE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SPRADLING, I. DEAN
Address: 1735 MAYWOOD PLACE
City-St-Zip: CLARKSDALE, MS 38614

Title: VD ( ) Delete
Name: BUCK, LAMAR,
Address: 124 SENECA
City-St-Zip: HELENA, AR 72342

Title: D ( ) Delete
Name: SPRADLING, JOEL S.,
Address: 5542 SOUTH WEST 6TH PLACE
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete
Name: JONES, FORREST,
Address: 101 THOMAS
City-St-Zip: CLEVELAND, MS 38732

Title: D ( ) Delete
Name: RASBURY, WAYNE
Address: 80 WOODGATE ROAD
City-St-Zip: RINGGOLD, GA 30736

Title: SDT ( ) Delete
Name: SPRADLING, SUMNER
Address: PO BOX 16964
City-St-Zip: GREENSBORO, NC 27416

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: I. DEAN SPRADLING PD 04/26/2007

Electronic Signature of Signing Officer or Director — Date