2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Mar 30, 2006 8:00 am Secretary of State 03-30-2006 90021 003 ***150.00 DOCUMENT # P0400060314 1. Entity Name SRK LABS, INC. - דיעטף Principal Place of Business Mailing Address 5301 NORTH FEDERAL HIGHWAY 5301 NORTH FEDERAL HIGHWAY SUITE 230 SUITE 230 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 11-3717188 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, KENNETH R 5301 NORTH FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable) 230 BOCA RATON, FL 33487 City Zip Code 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BROWN, WILLIAM L NAME 1207 SANISH RIVER RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition JOHNOSN, KENNETH ROY NAME NAME STREET ADDRESS 10130 SW 3RD ST STREET ADDRESS CITY-SJ-ZIP PLANTATION, FL 33324 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME ROSCETTI, RICCARDO NAME STREET ADDRESS 4627 BOUGENVILLA DR #1A STREET ADDRESS CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 accurage 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 of trustee empowered to exempt 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 exemptions.

FILED

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