2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# P04000077472

Entity Name: TRUST LAB CORPORATION

Current Principal Place of Business:

721 DELANEY AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

721 DELANEY AVENUE
ORLANDO, FL 32801

New Mailing Address:

PO BOX 560083
ORLANDO, FL 328060083 US

FEI Number: 20-2231046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALLEN, BETTY A MD
721 DELANEY AVENUE
ORLANDO, FL 32801 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: D ( ) Delete
Name: ALLEN, BETTY A MD
Address: 721 DELANEY AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: ANDERSON, JOHN B MD
Address: 14353 FREDERICKSBURG DRIVE APT. 920
City-St-Zip: ORLANDO, FL 32837

Title: D (X) Delete
Name: CHICK, ELLEN S
Address: 201 WEST COTTESMORE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: ALLEN, BETTY A MD
Address: 721 DELANEY AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: CIO (X) Change ( ) Addition
Name: CHICK, ELLEN S
Address: 9204 PLANTATION LAKES CIRCLE
City-St-Zip: SANFORD, FL 32771 US

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 Section 119.07(3)(i), 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: BETTY A. ALLEN, M.D. CEO 09/06/2005

Electronic Signature of Signing Officer or Director — Date