## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000148098

Address:

City-St-Zip:

Entity Name: EURO-DIAGNOSTIC RESOURCES, INC

8510 TORBRAM ROAD, UNIT 67

BRAMPTON, ONTARIO, CANADA, L6T 5C7

FILED Sep 05, 2006 Secretary of State

| •   |   |  |   |  |  |
|---|---|--|---|--|--|
| Current Principal Place of Business:        |   |  | New Principal Place o                       | New Principal Place of Business:             |  |
|   | ION AVENUE<br>EE, FL 34744                  | BOX #11                                |   |  |  |
| Current Mailing Address:                    |   |  | New Mailing Address                         | :  |  |
|   | ION AVENUE<br>EE, FL 34744                  | BOX #11                                |   |  |  |
| FEI Number                                  | : 52-2451735                                | FEI Number Applied For ( )             | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and                                    | d Address of (                              | Current Registered Agent:              | Name and Address of                         | New Registered Agent:                        |  |
| 3243-A BL                                   | ON, KRISTINA<br>LUE HERON D<br>EE, FL 34741 |  |   |  |  |
|   | e named entity<br>e of Florida.             | submits this statement for the p       | ourpose of changing its registered          | office or registered agent, or both,         |  |
| SIGNATU                                     | RE:   |  |   |  |  |
|   | Electro                                     | nic Signature of Registered Age        | ent   | Date   |  |
|   |   | 03(2)(b), F.S., the corporation did no | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:                     |   |  | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | CAMPANA, AN                                 | COURT APT H                            | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:                             | P (<br>ZACCAGNINI,                          | ) Delete<br>DEAN                       | Title:<br>Name:                             | ( ) Change ( ) Addition                      |  |

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: ANGELO CAMPANA VPD 09/05/2006