

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90042 045 \*\*\*158.75

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**60008130**



<b>DOCUMENT # P04000161935</b>					
<b>1. Entity Name</b> DIVERSIFIED ENVIRONMENTAL LABORATORIES, INC.					
<b>Principal Place of Business</b> 2000 CORPORATE SQUARE BOULEVARD SUITE 2 JACKSONVILLE, FL 32216			<b>Mailing Address</b> 2000 CORPORATE SQUARE BOULEVARD SUITE 2 JACKSONVILLE, FL 32216		
<b>2. Principal Place of Business</b> 3653 Regent Boulevard Suite, Apt. #, etc. Suite 509 City & State Jacksonville, FL Zip 32224 Country USA		<b>3. Mailing Address</b> 3653 Regent Boulevard Suite, Apt. #, etc. Suite 509 City & State Jacksonville, FL Zip 32224 Country USA		01272006    Chg-P    CR2E034 (11/05)	
<b>4. FEI Number</b> 65-1237119				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RISK, FRANKLIN A JR. 2000 CORPORATE SQUARE BOULEVARD SUITE 2 JACKSONVILLE, FL 32216			<b>7. Name and Address of New Registered Agent</b> Name: Franklin A. Risk, Jr. Street Address (P.O. Box Number is Not Acceptable): 3653 Regent Blvd Suite 509 City: Jacksonville    FL    Zip Code: 32224		
<b>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.</b> SIGNATURE:     DATE: 1/27/06 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: P NAME: RISK, FRANKLIN A JR. STREET ADDRESS: 2000 CORPORATE SQUARE BOULEVARD, SUITE 2 CITY-ST-ZIP: JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE: P NAME: Franklin Risk, Jr. STREET ADDRESS: 3653 Regent Blvd., Suite 509 CITY-ST-ZIP: Jacksonville, FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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.</b>					
SIGNATURE:				DATE: 1/27/06    Daytime Phone #: 904-807-9625	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    DATE    Daytime Phone #</small>					