


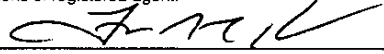
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Jan 30, 2006 8:00 am
Secretary of State

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

60008130



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