

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000169590

Entity Name: ID LAB, INC.

FILED
Oct 27, 2005
Secretary of State

Current Principal Place of Business:

3400 SW 27TH AVE SUITE 607
MIAMI, FL 33133 US

New Principal Place of Business:

725 CRANDON BLVD.
SUITE 303
KEY BISCAYNE, FL 33149 US

Current Mailing Address:

P.O. BOX 330101
MIAMI, FL 33233 US

New Mailing Address:

FEI Number: 20-2055465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOR, JOHANSSON
800 BEACH TRAILS
SUITE #101
INDIAN ROCKS BEACH, FL 33785 US

Name and Address of New Registered Agent:

GUNNARSSON, STEFAN
725 CRANDON BLVD.
SUITE 303
KEY BISCAYNE, FL 33149 US

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: STEFAN GUNNARSSON

10/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VIGNERON, ALINE
Address: 800 BEACH TRAILS, SUITE #101
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change () Addition
Name: VIGNERON, ALINE
Address: 725 CRANDON BLVD., SUITE 303
City-St-Zip: KEY BISCAYNE, FL 33149 US

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: ALINE VIGNERON

MS.

10/27/2005

Electronic Signature of Signing Officer or Director

Date