

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000046631

Entity Name: INNOVATIVE LABORATORIES, INC

FILED
Jan 21, 2007
Secretary of State

Current Principal Place of Business:

6822 22ND AVE NORTH PMB 114
ST. PETERSBURG, FL 33710 US

New Principal Place of Business:

566 VILLA GREYDA AVE SOUTH
ST. PETERSBURG, FL 33710 US

Current Mailing Address:

6822 22ND AVE NORTH PMB 114
ST. PETERSBURG, FL 33710 US

New Mailing Address:

6211 SOUTH PLATTE DR. SW
BYRON CENTER, MI 49315 US

FEI Number: 34-2046661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAZOS, MICHAEL M
566 VILLA GREYDA AVE SOUTH
ST. PETERSBURG, FL 33707 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: M () Delete
Name: PAZOS, MICHAEL M
Address: 566 VILLA GREYDA AVE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

Title: P/V () Delete
Name: DEMELO, JOSEPH R P/V
Address: 2611 SOUTH PLATTE DR. SW
City-St-Zip: BYRON CENTER, MI 49315 US

Title: T/S () Delete
Name: DEMELO, NORMA J T/S
Address: 2611 SOUTH PLATTE DR. SW
City-St-Zip: BYRON CENTER, MI 49315 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: JOSEPH DEMELO

P/V

01/21/2007

Electronic Signature of Signing Officer or Director

Date