

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086005

FILED
Jan 19, 2009
Secretary of State

Entity Name: RESEARCH LABORATORY SUPPLY, INC.

Current Principal Place of Business:

1533 S.W. 1ST WAY
SUITE F-14
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 670068
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 03-0563854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKLEDGE, GREGORY
1923 NW 80TH AVENUE
MARGATE, FL 33063 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: PSD () Delete
Name: BLACKLEDGE, GREGORY
Address: 1923 NORTHWEST 80TH AVENUE
City-St-Zip: MARGATE, FL 33063

Title: VTD (X) Delete
Name: BLACKLEDGE, GLENN
Address: 1923 NORTHWEST 80TH AVENUE
City-St-Zip: MARGATE, FL 33063

Title: SEC () Delete
Name: BLACKLEDGE, GARY L
Address: 1927 NORTHWEST 80TH AVENUE
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: BLACKLEDGE, GREGORY
Address: 1927 NORTHWEST 80TH AVENUE
City-St-Zip: MARGATE, FL 33063

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

Title: VP (X) Change () Addition
Name: BLACKLEDGE, GARY L
Address: 1927 NORTHWEST 80TH AVENUE
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify 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: GARY L. BLACKLEDGE

VP

01/19/2009

Electronic Signature of Signing Officer or Director

Date