2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107201

S LAN DRIVE

WESTFORD, MA 01886

() Delete

Address:

Title:

Name:

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City-St-Zip:

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Entity Name: DH TESTING SERVICES, INC.

FILED Feb 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 630 WOODBURY DRIVE #200, 10160 - 112 STREET PORT CHARLOTTE, FL 339541000 EDMONTON, AB T5K 2L6 CN **Current Mailing Address: New Mailing Address:** 630 WOODBURY DRIVE #200, 10160 - 112 STREET PORT CHARLOTTE, FL 339541000 EDMONTON, AB T5K 2L6 CN FEI Number: 02-0750654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ALLEN, RICHARD K FRANCESCHINI, ANTHONY P Name: Name: 54 ROVER 106 #200, 10160 - 112 STREET Address: Address: City-St-Zip: NORTH SPRINGFIELD, VT 05150 City-St-Zip: EDMONTON, AB T5K 2L6 CN CFO Title: VP/D (X) Change () Addition Title: () Delete Name: EMERSON, GORDON L Name: LLOYD, JEFFREY S 54 ROVR 106 #200, 10160 - 112 STREET Address: Address: NORTH SPRINGFIELD, VT 05150 EDMONTON, AB T5K 2L6 CN City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition CFO SEC PAPPAS, JAMES A SLOCOMBE, MICHAEL J Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: MICHAEL J. SLOCOMBE SEC 02/01/2007

#200. 10160 - 112 STREET

#200, 10160 - 112 STREET

EDMONTON, AB T5K 2L6 CN

WILSON, DONALD W

TRES

EDMONTON, AB T5K 2L6 CN

() Change (X) Addition