

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000082542

FILED
Apr 30, 2007
Secretary of State

Entity Name: SOVEREIGN LABORATORIES, INC.

Current Principal Place of Business:

909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32547

New Mailing Address:

300 NORTH DEAN RD
SUITE 5134
AUBURN, AL 36830

FEI Number: 68-0631222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANCHORS, C. LEDON
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32547 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MEM () Change (X) Addition
Name: JAMES, CAL JR.
Address: 300 NORTH DEAN RD, STE 5134
City-St-Zip: AUBURN, AL 36830 US

Title: MEM () Change (X) Addition
Name: HALL, STEWART
Address: 5131 KEENELAND CIR
City-St-Zip: ORLANDO, FL 32819

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: CAL JAMES, JR

MEM

04/30/2007

Electronic Signature of Signing Officer or Director

Date