## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000026469

City-St-Zip:

NORTH MIAMI, FL 33181 US

Entity Name: AMERICAN HYGIENIC LABORATORIES DLANERG INC.

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business:  1308 NE 123 STREET NORTH MIAMI, FL 33161 US			New Principal Place of Business:			
Current Mailing Address:			New Mailing Address:			
1308 NE 12 NORTH MI	3 STREET AMI, FL 33161	US				
FEI Number:	59-6072672	FEI Number Applied For ( ) FEI Number	mber Not Appli	cable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
GRENALD, 2412 BIMIN FT. LAUDE		312 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 Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEO () I GRENALD, BEN 1800 NE 114TH NORTH MIAMI, F	STREET #2010	Title: Name: Address: City-St-Zip:	O (X) GRENALD, BEN 1800 NE 114TH NORTH MIAMI, F	STREET #2010	
Title: Name: Address: City-St-Zip:	P () I GRENALD, SHAU 2412 BIMINI LAN FT. LAUDERDAL	E	Title: Name: Address: City-St-Zip:	( ) (	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) I GRENALD, DOU 1655 NE 115TH NORTH MAIMI, F	STREET #34B	Title: Name: Address: City-St-Zip:	O (X) GRENALD, DOU 1655 NE 115TH NORTH MAIMI, F	STREET #34B	
Title: Name:	SEC () I GRENALD, SELM		Title: Name:	O (X) GRENALD, SELI		

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.

City-St-Zip: NORTH MIAMI, FL 33181 US

SIGNATURE: SHAUN GRENALD P 01/21/2009