2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Aug 09, 2006 8:00 am Secretary of State DOCUMENT # P15016 07-19-2006 90003 047 ***158.75 LABORATORY BUILDING DESIGNERS, LTD., INC. Principal Place of Business Mailing Address 66022866 5348 CARROLL CANYON ROAD 5348 CARROLL CANYON ROAD SAN DIEGO, CA 92121-1797 US SAN DIEGO, CA 92121-1797 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07312006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 95-2407407 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Keckman C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 aitland 8. The above named entity supposes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regist William C Beckman CEO (NOTE: Registered Age it signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE 2E0 Delete TITLE Change Addition william C. Beckman NICHOLS, BRUCE NAME NAME STREET ADDRESS 5348 CARROLL CANYON RD STREET ADDRESS. SAN DIEGO, CA 92121 CITY-ST-ZIP CITY-ST-ZIP maitland. TITLE Delete TITLE ☐ Addition ☐ Change MICHALOWSKI, NED A NAME NAME STREET ADDRESS 5348 CARROLL CANYON RD. STREET ADDRESS CITY-ST-ZIP SAN DIEGO, CA 92121 CITY-ST-ZIP TITLE **X** Delete ☐ Change Addition Richard A. Cardenas 5348 Carroll Canyon LIDL, ERICH J NAME NAME 5348 CARROLL CANYON RD. STREET ADDRESS STREET ADDRESS an Diego, CA 9212 CITY-ST-ZIP SAN DIEGO, CA 92121 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SOMIN, MICHAEL NAME STREET ADDRESS 5348 CARROLL CANYON RD. STREET ADDRESS CITY-ST-ZIP SAN DIEGO, CA CITY-ST-ZIP Secretary Carrian Road TITLE **⊠** Delete TYTLE ☐ Change Addition NAME LIVINGSTON, DOUG NAME STREET ADDRESS 5348 CARROLL CANYON RD. STREET ADDRESS CITY-ST-ZIP SAN DIEGO, CA 921211797 CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition DEBOER, KENNETH G NAME NAME STREET ADORESS 5348 CARROLL CANYON RD STREET ADORESS CITY + ST - ZIP SAN DIEGO, CA 92121 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/06

Daytime Phone #

FILED

2006 FOR PROFIT CORPORATION ATTACHMENT

ANNUAL REPURI												
DOCUMENT # P15016												
1. Entity Name LABORATORY BUILDING DESIGNERS, LTD., INC.								66033	3866			
Principal Place of Business Mailing Address								•				
5348 CARROLL CANYON ROAD			Mailing Address 5348 CARROLL CANYON ROAD									
SAN DIEGO, CA 92121-1797 US			SAN DIEGO, CA 92121-1797 US									
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Principal Place of Business 3. Mailing Address											,041	
2. Principal Place of Business			3. Mailing Address			-						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07312006	Chg-P	CR2E03	34 (11/05)		
City & State			City & State			_	4. FEI Numb				oplied For	
Zip	Country		Zip	Coun	try			e of Status Desired		8.75 Add	ditional	
6. Name and Address of Current			L				7. Name and	Address of New R		ee Require	:O	
Name /												
C T CORPORATION SYSTEM						Street Address (8 O. Roy Number in Not Accordable)						
1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324						Strest Address (P.O. Box Number is Not Acceptable)						
2												
							tland		FL	Zip Cod	ารเ	
8. The above the obligat	named entity submits t tions of registered agen	his statement fo	the purpose of changing it	s registere	ed office or	register	ed agent, or bo	oth, in the State of Flo	orida. I am fa	amiliar with,	and accept	
SIGNATURE							whon remetations		DATE			
Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE												
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5,00 May Be Due by September 6, 2006 Trust Fund Contribution. Added to Fees												
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10.		OFFICERS AND		11.				/CHANGES TO OFF	ICERS AND		S IN 11	
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CITY-ST-ZIP SAN DIEGO, CA 92121					ET ADDRESS C	(S S	carett	nwinds Pi	~~~ +	7 130		
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	SAN DIEGO, CA 9	2121/			-ST-ZIP			OIPS VIV.			جي	
TITLE NAME	SOMIN, MICHAEL		☐ Delete	TITLE			CTOF	L. Rigby		Change	Addition	
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name Street address	LIVINGSTON, DOL 5348 CARROLL CA			NAM! STRE	ET ADDRESS							
CITY-ST-ZIP	SAN DIEGO, CA 9				-ST-ZIP							
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NAME	DEBOER, KENNET			NAM						·		
STREET ADDRESS CITY - ST- ZIP	5348 CARROLL CA SAN DIEGO, CA 9				ET ADORESS -ST-ZIP						ļ	
12. I hereby	certify that the informatic	n supplied with	this filing does not qualify	for the eve	emotions co	ntsinad	in Chanter 11	9 Florida Statutas 1	further codif	fu that the !	oformation	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
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SIGNAT	UHE:	E AND TYPED DEP	BINTED NAME OF SIGNING OFFICE	B OD DIDECT	OP.		0/1/0k	9		utona Ohoao #		