2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 09, 2008 8:00 am **Secretary of State** DOCUMENT # P93000060891 01-09-2008 90013 006 ***150.00 ICL CALIBRATION LABORATORIES, INC. Principal Place of Business Mailing Address 1501 DECKER AVE., SUITE 118 1501 DECKER AVE., SUITE 118 STUART, FL 34994 STUART, FL 34994 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0440353 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KELLY, JEFF J DO NOT WRITE 1149 FOX DEN WAY PALM CITY, FL 34990 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE KELLY, J.JEFF 1149 FOX DEN WAY STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 TITLE KELLY, MICHAEL C 985-SW-20TH TERR 7963 SW POND WAY STREET ADDRESS PALM CITY, FL 34990 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing 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.

JEFF REUN

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED