2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007
Secretary of State

DOCUMENT# P93000088592

Entity Name: ENERGY LABORATORIES, INC.

Current Principal Place of Business:

5191 SHAWLAND RD
SUITE A
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

5191 SHAWLAND RD
SUITE A
JACKSONVILLE, FL 32254 US

New Mailing Address:

FEI Number: 59-3269624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLAZIER & GLAZIER PA
8761 PERIMETER PARK BLVD
STE 103
JACKSONVILLE, FL 32216 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: PD ( ) Delete
Name: NEWMAN, MICHAEL
Address: 4120 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPD ( ) Delete
Name: NEWMAN, BARBARA
Address: 4120 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD (X) Delete
Name: HARKEY, WILLIAM C
Address: 1757 ALDER DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: TD (X) Delete
Name: HUDSON, MICHAEL A
Address: 1745 WHITMAN STREET
City-St-Zip: JACKSONVILLE, FL 32210

Title: AD (X) Delete
Name: GUIINEY, WILLIAM T
Address: 204 CHALLENGE RD
City-St-Zip: RALEIGH, NC 27603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NEWMAN, MICHAEL D
Address: 4120 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP/S (X) Change ( ) Addition
Name: NEWMAN, BARBARA L VP/S
Address: 4120 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MICHAEL D NEWMAN PD 02/07/2007

Electronic Signature of Signing Officer or Director Date