## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 26, 2006 8:00 am Secretary of State DOCUMENT # P9400040565 04-26-2006 90203 015 \*\*\*150.00 T2 LÁBORATORIES INC. Principal Place of Business Mailing Address 1830 CLARKSON ST 1830 CLARKSON ST JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 Chq-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3251715 Not Applicable Country Country \$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 Name MILAM HOWARD NICANDRI DEES & GILLAM, P.A. Street Address (P.O. Box Number is Not Acceptable) **50 N LAURA STREET** STE 2900 JACKSONVILLE, FL 32202 hanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named enti mits t tatement for purpose of the obligation SIGNATURE 4 e of registered agent and title if applic 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete WYATT, MARION F NAME STREET ADDRESS 12621 MISSION HILLS CIRCLE SOUTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 CITY-ST-ZIP Delete TITLE Change TITLE ☐ Addition GALLAGHER, R SCOTT 1021 SORRENTO RD STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32207 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition GALLAGHER, GWENDOLYN F NAME 1021 SORRENTO RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-ZIP □ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete Change \_\_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

**FILED**