


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90431 040 \*\*\*150.00

<b>DOCUMENT # P95000028309</b> 1. Entity Name <b>SYNQUEST LABORATORIES, INC.</b>					
Principal Place of Business <b>13201 RACHAEL BLVD ROUTE 2054 ALACHUA, FL 32615 US</b>			Mailing Address <b>P.O. BOX 309 ALACHUA, FL 32616-0309 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		04192006    Chg-P    CR2E034 (11/05)	
City & State		City & State		4. FEI Number <b>59-3323091</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DU BOISSON, RICHARD A 1914 NW 89TH DRIVE GAINESVILLE, FL 32606</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 re-registering)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DU BOISSON, RICHARD A 1914 NW 89TH DRIVE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALTY, ADAM C 1911 NW 32ND TERR GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAKADA, NAOTO 4830 NW 43RD STREET APT G172 GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYASE, TOSHIKI 50 MAIN STREET 8 TH FLOOR WHITE PLAINS, NY 10606	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISHIDA, MICHIO 50 MAIN STREET 8 TH FLOOR WHITE PLAINS, NY 10606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YAMADA, SHINICHI 50 MAIN STREET 8 TH FLOOR WHITE PLAINS, NY 10606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13201 RACHAEL BLVD, ALACHUA FL 32615</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13201 RACHAEL BLVD, ALACHUA FL 32615</b>				
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.					
<b>SIGNATURE:</b> _____ <i>[Signature]</i> <b>04/19/06</b> <b>386/462-0788</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					



# ATTACHMENT

40060635

SynQuest Laboratories, Incorporated

#P95000028309

Date: April 19, 2006

## Additions to Officers and Directors:

1.

Title: D

Name: Shimizu, Tadashi

Street Address: 13201 Rachael Blvd.,

City-St-Zip: Alachua, FL 32615

2.

Title: D

Name: Maruta, Masamichi

Street Address: 13201 Rachael Blvd.,

City-St-Zip: Alachua, FL 32615