

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000084308

1. Entity Name
SEMICONDUCTOR DIAGNOSTICS, INC.



Principal Place of Business
**3650 SPECTRUM BLVD
SUITE 130
TAMPA, FL 33612 US**

Mailing Address
**3650 SPECTRUM BLVD
SUITE 130
TAMPA, FL 33612 US**



05312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3353010	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAGOWSKI, JACEK
3650 SPECTRUM BLVD #130
TAMPA, FL 33612**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGOWSKI, JACEK 4908 TURNBURY WOOD DR TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JASTRZEBSKI, LUBOMIR 450 GULFVIEW BLVD #1705 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KOCHEY, JOSEPH N 6959 13TH AVE N SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FINDLAY, ANDREW 17633 ARCHLAND PASS RD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MUELLER, AMY M 5941 63RD TERR, N PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/01/06-80002-008 158.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/06

Date

813-977-2244

Daytime Phone #