

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000084308

Entity Name: SEMICONDUCTOR DIAGNOSTICS, INC.

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

3650 SPECTRUM BLVD
SUITE 130
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

3650 SPECTRUM BLVD
SUITE 130
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 59-3353010 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAGOWSKI, JACEK
3650 SPECTRUM BLVD #130
TAMPA, FL 33612 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: D () Delete
Name: LAGOWSKI, JACEK
Address: 4908 TURNBURY WOOD DR
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: JASTRZEBSKI, LUBOMIR
Address: 450 GULFVIEW BLVD #1705
City-St-Zip: CLEARWATER, FL 33767

Title: O () Delete
Name: KOCHEY, JOSEPH N
Address: 6959 13TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: O () Delete
Name: FINDLAY, ANDREW
Address: 17633 ARCHLAND PASS RD
City-St-Zip: LUTZ, FL 33549

Title: O (X) Delete
Name: MUELLER, AMY M
Address: 5941 63RD TERR, N
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: O (X) Change () Addition
Name: MUELLER, AMY M
Address: 5941 63RD TERRACE N.
City-St-Zip: PINELLAS PARK, FL 33781

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 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: AMY M. MUELLER

TREA

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date