

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000048406

FILED
Jul 02, 2004
Secretary of State

Entity Name: SPECTRUM DX TESTING, INC.

Current Principal Place of Business:

1920 S. BABCOCK ST.
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

1920 S. BABCOCK ST.
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 59-3384363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHN, MICHAEL H ESQ
482 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BROWN, ROBERT J
Address: 3705 EAGLE WY
City-St-Zip: MELBOURNE, FL 32934

Title: VPD (X) Delete
Name: O'NEAL - BROWN, ERIN
Address: 3705 EAGLE WY
City-St-Zip: MELBOURNE, FL 32934

Title: TD (X) Delete
Name: MCKEE, BRENDA
Address: 7817 MAPLEWOOD DRIVE, APT 610
City-St-Zip: W MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: BROWN, ROBERT J
Address: 1920 SOUTH BABCOCK STREET
City-St-Zip: MELBOURNE, FL 32901

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 Section 119.07(3)(i), 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: ROBERT J. BROWN

D

07/02/2004

Electronic Signature of Signing Officer or Director

_____ Date