



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # P96000091946 1. Entity Name FLEXSITE DIAGNOSTICS, INC.	
---	---

Principal Place of Business 3543 SW CORP PKWY PALM CITY, FL 34990 US	Mailing Address 3543 SW CORP PKWY PALM CITY, FL 34990 US
--	--

DO NOT WRITE IN THIS SPACE



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0756759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAY, ROBERT A 3543 SW CORP PKWY PALM CITY, FL 34990	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO, RAY, ROBERT 4600 SW DEER RUN AVE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDER, RICH 8211 COMPTON WAY MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, MARY 1995 SW MARTIN HWY PALM CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, GARY 1995 SW MARTIN HWY PALM CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, LENNOX K. 155 S LIMERICK LIMERICK, PA 19468
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000700464
04/20/07-80018-008 150.00

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:  **4-9-07 773-791-0093**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Day _____ Daytime Phone # _____