

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000038077

FILED
Apr 21, 2005
Secretary of State

Entity Name: CAMBRIDGE LABORATORY SERVICES, INC.

Current Principal Place of Business:

2237 N. COMMERCE PARKWAY
SUITE 3
WESTON, FL 33326

New Principal Place of Business:

5154 WINDSOR PARKE DRIVE
BOCA RATON, FL 33496

Current Mailing Address:

2237 N. COMMERCE PARKWAY
SUITE 3
WESTON, FL 33326

New Mailing Address:

5154 WINDSOR PARKE DRIVE
BOCA RATON, FL 33496

FEI Number: 98-0172063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANELLA, ROSS H ESQ
2237 N. COMMERCE PARKWAY
SUITE 3
WESTON, FL 33326 US

Name and Address of New Registered Agent:

SLATER, DAVID P ESQ
5154 WINDSOR PARKE DRIVE
BOCA RATON, FL 33496 US

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: DAVID P. SLATER, ESQ.

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ROUNCE, DAVID J
Address: IBM BUILDING BAY STREET
City-St-Zip: NASSAU, BAHAMAS,

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change () Addition
Name: JENNINGS, WILLIAM H
Address: 1 MONTAGUE PLACE
City-St-Zip: NASSAU,, BA

Title: POA () Change (X) Addition
Name: SLATER, DAVID P ESQ
Address: 5154 WINDSOR PARKE DRIVE
City-St-Zip: BOCA RATON, FL 33496

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: DAVID P. SLATER, ESQ

POA

04/21/2005

Electronic Signature of Signing Officer or Director

Date