FOR PROFIT CORPORATION

DOCUMENT # 149000096303 1. Entity Name Axiom Laboratories, Inc.



WEGGETARY OF STATE DO NOT WRITE IN THIS SPACE 2. Principal Place of Business - No P.O. Box is 1020. 5. Frant Good Ro 3. Mailing Address
1020 S. Frankland Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034B (11/08) Applied For City & State Honda Tumoa lamoa Not Applicable Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent Bergman rederick J DO NOT WRITE Street Address (P.O. Box Number is Nautoceptable) IN THIS SPACE Zip Code 33629 lamou 8. The above named entity submits this statement for the purpose of c anging 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 January 1 - May 1. Fee is \$450.00 9. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Amended AR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE Frederick J. Bergmann 1020 S. Frontland Road Tampa Fl. 33629 NAMAF 500184485275 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with prother like employeed.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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