

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02889

FILED
Jan 11, 2008
Secretary of State

Entity Name: MICRO PATH LABORATORIES, INC.

Current Principal Place of Business:

1635 LAKELAND HILLS BLVD.
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

1635 LAKELAND HILLS BLVD.
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 59-3097649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LARISCY, CRAIG D MD
1635 LAKELAND HILLS BLVD.
LAKELAND, FL 33805 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: V () Delete
Name: DUQUE, RICARDO E.
Address: 1451 HOLLINGSWORTH OAKS DR.
City-St-Zip: LAKELAND, FL

Title: P () Delete
Name: LARISCY, CRAIG D.,
Address: 1250 EASTON DR
City-St-Zip: LAKELAND, FL

Title: V () Delete
Name: GARCIA, EDWARD J.,
Address: 983 HANOVER WAY
City-St-Zip: LAKELAND, FL

Title: V () Delete
Name: BOYNTON, EVANDER A.,
Address: 408 W BELVEDERE ST.
City-St-Zip: LAKELAND, FL

Title: V () Delete
Name: RAMSEY, ROBERT K.,
Address: 2304 WOODLEY AVE.
City-St-Zip: LAKELAND, FL

Title: V () Delete
Name: REAVIS, WILTON M., J. R.
Address: 4301 CLEVELAND HGHTS BVD
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CRAIG D LARISCY

P

01/11/2008

Electronic Signature of Signing Officer or Director

_____ Date