2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V51489

FILED Apr 28, 2006 Secretary of State

Entity Name: CERTIFIED TESTING LABORATORIES, INC.

Jurrent P	Principal Place	of Business:	New Principal Place of Business:
	COOSSEE RD D, FL 32822	l.	
Current M	lailing Addres	s:	New Mailing Address:
	COOSSEE RD D, FL 32822).	
El Number	: 59-3131869	FEI Number Applied F	For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of C	urrent Registered A	Agent: Name and Address of New Registered Agent:
BLAKELY, 13942 LAM ORLANDO	, JUDY M. MONT DRIVE D, FL US	3	
	e named entity s e of Florida.	submits this statemen	it for the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:		
	Electron	ic Signature of Regist	tered Agent Date
Instinu C-			
Liection Ca	mpaign Financing	Trust Fund Contributio	on ().
	S AND DIREC		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
OFFICER Title: Name: Address:	S AND DIREC	TORS: Delete Y DR	
DFFICER. Title: Name: Address: Dity-St-Zip: Title: Name: Address:	S AND DIREC P () BLAKELY, JUD 13942 LAMONT ORLANDO, FL	TORS: Delete Y DR 32832 Delete CY U CIRCLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
	S AND DIREC P () BLAKELY, JUD 13942 LAMONT ORLANDO, FL VP () BLAKELY, TRA 12601 MARIBO ORLANDO, FL	Delete Y Delete Y Delete 32832 Delete CY U CIRCLE 32828 Delete LIAM	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: VP (X) Change () Addition Name: BLAKELY, TRACY Address: 8973 LEE VISTA BLVD
DFFICER Title: lame: kddress: Dity-St-Zip: Title: lame: kddress: Dity-St-Zip: Title: lame: kddress:	S AND DIREC P () BLAKELY, JUD 13942 LAMONT ORLANDO, FL VP () BLAKELY, TRA 12601 MARIBO ORLANDO, FL VP () BLAKELY, WILL 13942 LAMONT ORLANDO, FL	Delete Y Delete Y Delete CY U CIRCLE 32828 Delete LIAM Delete LIAM Delete ES STONE PL	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: VP (X) Change () Addition Name: BLAKELY, TRACY Address: 8973 LEE VISTA BLVD City-St-Zip: ORLANDO, FL 32829 Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDY M BLAKELY RA 04/28/2006