

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V51489

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** CERTIFIED TESTING LABORATORIES, INC.

**Current Principal Place of Business:**

7252 NARCOOSSEE RD.  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

7252 NARCOOSSEE RD.  
ORLANDO, FL 32822

**New Mailing Address:**

**FEI Number:** 59-3131869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLAKELY, JUDY M.  
13942 LAMONT DRIVE  
ORLANDO, FL 32832 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: P ( ) Delete  
Name: BLAKELY, JUDY  
Address: 13942 LAMONT DR  
City-St-Zip: ORLANDO, FL 32832

Title: VP ( ) Delete  
Name: BLAKELY, TRACY  
Address: 6482-C NEW GOLDENROD ROAD  
City-St-Zip: ORLANDO, FL 32822

Title: VP ( ) Delete  
Name: BLAKELY, WILLIAM  
Address: 13942 LAMONT DR  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: BLAKELY, JAMES  
Address: 5264 SECLUDED OAKS DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: ST (X) Delete  
Name: BALLANTYNE, DAWN  
Address: 14051 MARINE CT  
City-St-Zip: ORLANDO, FL 32832

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: BLAKELY, TRACY  
Address: 7401 MARBELLA PT. DR. APT308  
City-St-Zip: ORLANDO, FL 32822

Title: S/T (X) Change ( ) Addition  
Name: BLAKELY, WILLIAM  
Address: 13942 LAMONT DR  
City-St-Zip: ORLANDO, FL

Title: VP (X) Change ( ) Addition  
Name: BLAKELY, JAMES  
Address: 4814 S. CONWAY RD UNIT 143  
City-St-Zip: ORLANDO, FL 32812

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:** JUDY BLAKELY

P

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date