

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V51489

FILED  
Mar 25, 2011  
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:**

1924 PREMIER ROW  
ORLANDO, FL 32809

**Current Mailing Address:**

7252 NARCOOSSEE RD.  
ORLANDO, FL 32822

**New Mailing Address:**

1924 PREMIER ROW  
ORLANDO, FL 32809

**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:**

BLAKELY, JUDY M.  
14136 CONIFER DRIVE  
ORLANDO, FL 32832 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:

03/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BLAKELY, JUDY  
Address: 14136 CONIFER DRIVE  
City-St-Zip: ORLANDO, FL 32832

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

Title: S/T  
Name: BLAKELY, WILLIAM  
Address: 14136 CONIFER DRIVE  
City-St-Zip: ORLANDO, FL 32832

Title: VP  
Name: BLAKELY, JAMES  
Address: 3517 GATLIN PLACE  
City-St-Zip: ORLANDO, FL 32812

I hereby 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 all other like empowered.

SIGNATURE: JUDY BLAKELY

P

03/25/2011

Electronic Signature of Signing Officer or Director

Date