

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004762

FILED  
Jan 20, 2006  
Secretary of State

Entity Name: LABYRINTH SOLUTIONS INC.

**Current Principal Place of Business:**

8 ONEIDA ROAD  
WINCHESTER, MA 01890

**New Principal Place of Business:**

**Current Mailing Address:**

8 ONEIDA ROAD  
WINCHESTER, MA 01890

**New Mailing Address:**

FEI Number: 04-3419715      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: PD ( ) Delete  
Name: ROBERTS, BARRY  
Address: 71 GIFFORD WAY  
City-St-Zip: DUXBURY, MA 02332

Title: SD ( ) Delete  
Name: ROACH, STEPHEN  
Address: 48 SPEAR STREET  
City-St-Zip: MELROSE, MA 02176

Title: TD ( ) Delete  
Name: JAJODIA, SHYAMAL  
Address: 8 ONEIDA ROAD  
City-St-Zip: WINCHESTER, MA 01890

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: VP ( ) Change (X) Addition  
Name: SMITH, STEPHEN  
Address: 18 CANTERBURY LANE  
City-St-Zip: GROTON, MA 01450

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: SHYAMAL JAJODIA

TD

01/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date