


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90012 023 \*\*\*150.00


DOCUMENT # F0500000385 1. Entity Name PACIFIC BIOSCIENCE LABORATORIES, INC.	
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Principal Place of Business 13222 SE 30TH STREET SUITE A-1 BELLEVUE, WA 98005	Mailing Address 13222 SE 30TH STREET SUITE A-1 BELLEVUE, WA 98005
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country

9005



02142006 Chg-P CR2E034 (11/05)

4. FEI Number 91-2098919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

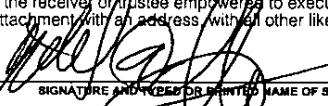
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DCEO NAME GIULLANI, DAVID STREET ADDRESS 13222 SE 30TH STREET CITY-ST-ZIP BELLEVUE, WA 98005	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME AKRIDGE, ROBERT STREET ADDRESS 13222 SE 30TH STREET CITY-ST-ZIP BELLEVUE, WA 98005	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MEGINNIS, STEPHEN M III STREET ADDRESS 13222 SE 30TH STREET CITY-ST-ZIP BELLEVUE, WA 98005	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PLLCHER, KENNETH ALLEN STREET ADDRESS 13222 SE 30TH STREET CITY-ST-ZIP BELLEVUE, WA 98005	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D COO NAME Michael D Stull STREET ADDRESS 13222 SE 30th St CITY-ST-ZIP Bellevue WA 98005	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Jack Gallagher STREET ADDRESS 13222 SE 30th St CITY-ST-ZIP Bellevue WA 98005	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:  DATE: 2/17/06 DAYTIME PHONE #: 425 283 5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR