


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90014 014 \*\*\*150.00

<b>DOCUMENT # F05000003265</b>					
1. Entity Name MERETEK DIAGNOSTICS, INC.					
Principal Place of Business 2655 CRESCENT DRIVE SUITE C LAFAYETTE, CO 80026			Mailing Address 2655 CRESCENT DRIVE SUITE C LAFAYETTE, CO 80026		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-4044290	
				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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<del>Pres</del> <i>Pres</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KISHIGAMI, RYUICHI		NAME		
STREET ADDRESS	2655 CRESCENT DRIVE SUITE C		STREET ADDRESS		
CITY-ST-ZIP	LAFAYETTE, CO 80026		CITY-ST-ZIP		
TITLE	<del>Director</del> <i>Director</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NONOMURA, HIDEJI		NAME		
STREET ADDRESS	2655 CRESCENT DRIVE SUITE C		STREET ADDRESS		
CITY-ST-ZIP	LAFAYETTE, CO 80026		CITY-ST-ZIP		
TITLE	DEVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRONDALSKI, TOM		NAME	<i>Rob SENOR</i>	
STREET ADDRESS	2655 CRESCENT DRIVE SUITE C		STREET ADDRESS	<i>ONE EMBARADERO CENTER</i>	
CITY-ST-ZIP	LAFAYETTE, CO 80026		CITY-ST-ZIP	<i>SAN FRANCISCO CA 94111</i>	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHREIBER, SUE V		NAME		
STREET ADDRESS	2655 CRESCENT DRIVE SUITE C		STREET ADDRESS		
CITY-ST-ZIP	LAFAYETTE, CO 80026		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KISHIGAMI, RYUICHI		NAME	<i>DAVID GRAHAM</i>	
STREET ADDRESS	2655 CRESCENT DRIVE SUITE C		STREET ADDRESS	<i>2002 HOLCOMBE BLVD</i>	
CITY-ST-ZIP	LAFAYETTE, CO 80026		CITY-ST-ZIP	<i>HOUSTON TX 77030</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UCHIDA, SHUN		NAME		
STREET ADDRESS	ONE EMBARADERO CENTER		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		CITY-ST-ZIP		
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, with all other like empowered.					
SIGNATURE: <i>Sue V. Schreiber</i>		SUE V. SCHREIBER		6/5/06 720 479 6404	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

