


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90203 015 \*\*\*150.00

**DOCUMENT # P94000040565**

1. Entity Name  
**T2 LABORATORIES INC.**




Principal Place of Business  
**1830 CLARKSON ST**  
**JACKSONVILLE, FL 32202 US**

Mailing Address  
**1830 CLARKSON ST**  
**JACKSONVILLE, FL 32202 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01302006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3251715** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MILAM HOWARD NICANDRI DEES & GILLAM, P.A.**  
**50 N LAURA STREET**  
**STE 2900**  
**JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**208 N. Laura St. # 800**  
 City **Jacksonville** FL **32202**

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  **G. Alan Howard, President** DATE **1.31.06**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

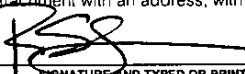
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYATT, MARION F 12621 MISSION HILLS CIRCLE SOUTH JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLAGHER, R SCOTT 1021 SORRENTO RD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALLAGHER, GWENDOLYN F 1021 SORRENTO RD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, with all other like empowered.

SIGNATURE:  **R. Scott Gallagher, President** Date **25 APR 06** Daytime Phone # **904-632-2172**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR