2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 08:00 AM Secretary of State

| DOCUMENT # P94000093569 1. Entity Name LAB, INC. | | | | | Secre | uny or | State |
|---|---|---|---|---|--|--|---|
| Principal Place of Business Mailing Address 144 EDGEMERE WAY SOUTH C/O SCHMITZ, CÖRRIGAN, KRAUSE NAPLES, FL 34105 19111 DETROIT RD., STE 201 ROCKY RIVER, GH 44116 | | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | 02202006 | No Chg-P | CR2E034 (1 | , |
| | | | CE | 4. FEI Numb 59-325 5. Certificate | | | Applied For Not Applicable 5 Additional |
| } | 6. Name and Address of Current Regis | stered Agent | , | <u> </u> | | | tequired |
| BUTTREY, SCOTT E 144 EDGEMERE WAY SOUTH NAPLES, FL 34105 | | | | | NOT W THIS SP | | |
| Signature: types or printed name of registered agent and the displaceble. NOTE: Registered Agent signature required when remistating! DATE | | | | | | | |
| After M | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Finar Trust Fund Contribution. | | .00 May Be ed to Fees | 8600004 8722708-8 | 165607 19 0 42-020 | 150.00 |
| TO. ITTLE NAME STREET ADDRESS CITY-ST-ZIP | P BUTTREY, SCOTT E 144 EDGEMERE WAY SOUTH NAPLES, FL 34105 | CTORS | | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · |
| TITLE NAME STREET AUDRESS GITY-ST-ZIP | · | | | | | | • • • |
| TITLE NAME STREET ADDRESS CITY-ST-2IP | | | | | NOT W | | |
| NAME SIREFI ADDRESS CITY-ST-ZIP | | | | IN . | THIS SP | ACE | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | | | , | • | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| 12. I hereby of indicated of the corchanged, | certify that the information supplied with this to on this report or supplemental report is true porabon or the receiver or trustee empowere, or on an attachment with an address, with a | iling does not qualify for the exe and accurate and that my signat d to execute this report as requir f other like empowered | imptions contained ture shall have the s red by Chapter 607 | in Chapter 115 same legal effec , Florida Statute | 9. Florida Statutes. I to tas if made under o es; and that my name | further certify that ath; that I am an appears in Bloc | t the information officer or director k 10 or Block 11 ff |

NG OFFICER OR DIRECTOR