

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654085

FILED  
Mar 24, 2005  
Secretary of State

Entity Name: TALENT ASSESSMENT, INC.

## Current Principal Place of Business:

6838 PHILLIPS PKWY DR S  
JACKSONVILLE, FL 32256 US

## New Principal Place of Business:

P.O. BOX 5087  
JACKSONVILLE, FL 32247

## Current Mailing Address:

6838 PHILLIPS PWY DR SO  
P.O. BOX 5087  
JACKSONVILLE, FL 32256

## New Mailing Address:

FEI Number: 59-2091087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BORDEN, BEN P.  
6383 PHILLIPS PKWY DR S.  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

BORDEN, BEN P.  
6838 PHILLIPS PKWY DR S.  
JACKSONVILLE, FL 32256 US

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: BEN P. BORDEN

03/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BORDEN, BEN P.,  
Address: 6838 PHILLIPS PWY DR S  
City-St-Zip: JACKSONVILLE, FL

Title: V ( ) Delete  
Name: JONES, SUSAN D  
Address: 6838 PHILLIPS PARKWAY DR SOUTH  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BORDEN, BEN P.,  
Address: 6838 PHILLIPS PWY DR S  
City-St-Zip: JACKSONVILLE, FL 32256

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BEN P. BORDEN

PRES

03/24/2005

Electronic Signature of Signing Officer or Director

Date