

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90413 015 ***158.75

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1. Entity Name
ADAPTIVE ASSESSMENT SERVICES INC.



Principal Place of Business
**203 JIM BRYANT RD
 EAST PALATKA, FL 32131**

Mailing Address
**P.O. BOX 2969
 JACKSONVILLE, FL 32203**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

03282006 Chg-P CR2E034 (11/05)

4. FEI Number
202437514

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JAMES, KENNETH JR.
 203 JIM BRYANT RD
 EAST PALATKA, FL 32131**

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 _____ DATE _____
Signatures, 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	EVP BRYANT, DAMON U 203 JIM BRYANT RD EAST PALATKA, FL 32131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP JAMES, KENNETH JR. 203 JIM BRYANT RD EAST PALATKA, FL 32131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP YANCEY, MARCUS K 203 JIM BRYANT RD EAST PALATKA, FL 32131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BETHEA, LEONARD 203 JIM BRYANT RD EAST PALATKA, FL 32131 <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	President / CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Damon U. Bryant 2377 San Jacinto Rd. Lewisville, TX 75067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President / COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kenneth James Jr 203 Jim Bryant Rd East Palatka, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Sales and Finance <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Marcus K. Yancey 3948 Adamsville Dr. S.W. Atlanta, GA 30331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Technology Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Leonard M. Bethea 4427 Dolphin Dr. Tampa, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Educational Testing <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William Thornton 2517 Marina Blvd Grand Prairie, TX 75054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Research Design <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Larry Davis 1700 Circe Lake Ct Orlando, FL 32826

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: *[Signature]* **3/29/06** **904-613-3818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #