

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90105 041 ***150.00

DOCUMENT # 609972

1. Entity Name
 PSYCHOLOGICAL ASSESSMENT RESOURCES, INC.



Principal Place of Business
 16204 NORTH FLORIDA AVENUE
 LUTZ, FL 33549

Mailing Address
 16204 NORTH FLORIDA AVENUE
 LUTZ, FL 33549

40003160



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

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

01072005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
 SMITH, BOB R III
 17408 GUNN HWY.
 ODESSA, FL 33556

4. FEI Number
 59-1913294

Applied For
 Not Applicable

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

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SMITH, BOB R III 17408 GUNN HWY ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Travis G. White 16204 N Florida Ave Lutz, FL 33549 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, CATHERINE R 17408 GUNN HWY ODESSA, FL 33556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GYURKE, JAMES 16204 N. FLORIDA AVENUE LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEMINOFF, SERJE G 16204 N. FLORIDA AVE LUTZ, FL 33549 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EV PD ST CUNNINGHAM, KAY M. 16204 N FLORIDA AVE LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUMPEE, CYNTHIA 16204 NORTH FLORIDA AVENUE LUTZ, FL 33549 <input type="checkbox"/> Delete	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 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 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: Kay Cunningham Date: 1/7/05 Daytime Phone #: 813-968-3003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR