


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-1913294** Applied For Not Applicable

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

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

**DO NOT WRITE
IN THIS SPACE**

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 **1-10-06**
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	CD SMITH, BOB R III 17408 GUNN HWY ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, CATHERINE R 17408 GUNN HWY ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GYURKE, JAMES 16204 N. FLORIDA AVENUE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITE, TRAVIS G 16204 N. FLORIDA AVE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD CUNNINGHAM, KAY M. 16204 N FLORIDA AVE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUMPEE, CYNTHIA 16204 NORTH FLORIDA AVENUE LUTZ, FL 33549

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IN THIS SPACE**

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01/19/06-80051-019 150.00

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE **1-10-06** Daytime Phone # **813-968-3003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR