2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# 609972

Entity Name: PSYCHOLOGICAL ASSESSMENT RESOURCES, INC.

Current Principal Place of Business:

16204 NORTH FLORIDA AVENUE
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

16204 NORTH FLORIDA AVENUE
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-1913294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, BOB R III
17408 GUNN HWY.
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: SMITH, R BOB III
Address: 17408 GUNN HWY
City-St-Zip: ODESSA, FL 33556

Title: VPD ( ) Delete
Name: SMITH, CATHERINE R
Address: 17408 GUNN HWY
City-St-Zip: ODESSA, FL 33556

Title: VP ( ) Delete
Name: GYURKE, JAMES
Address: 16204 N. FLORIDA AVENUE
City-St-Zip: LUTZ, FL 33549

Title: VP ( ) Delete
Name: WHITE, TRAVIS G
Address: 16204 N. FLORIDA AVE
City-St-Zip: LUTZ, FL 33549

Title: EVPD ( ) Delete
Name: CUNNINGHAM, KAY M.
Address: 16204 N FLORIDA AVE
City-St-Zip: LUTZ, FL 33549

Title: CFO ( ) Delete
Name: DRACKETT, DONNA P
Address: 16204 NORTH FLORIDA AVENUE
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: EVPD (X) Change ( ) Addition
Name: CUNNINGHAM, KAY M
Address: 16204 N FLORIDA AVE
City-St-Zip: LUTZ, FL 33549

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DONNA P. DRACKETT CFO 07/07/2008

Electronic Signature of Signing Officer or Director Date