

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688638

FILED
Jan 23, 2008
Secretary of State

Entity Name: CAL-TECH TESTING, INC.

Current Principal Place of Business:

3309 SW SR-247
P.O BOX 1625
LAKE CITY, FL 32024

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1625
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 59-2039727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, AMY
259 NW RHODEN LN
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

BROWN, AMY M
259 NW RHODEN LN
LAKE CITY, FL 32055 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: AMY M. BROWN

01/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOC () Delete
Name: CREAMER, LINDA
Address: RT 22 BOX 2954
City-St-Zip: LAKE CITY, FL

Title: PD () Delete
Name: CREAMER, LINDA M.,
Address: RT. 22, BOX 2954
City-St-Zip: LAKE CITY, FL

Title: VST () Delete
Name: BROWN, AMY,
Address: RT. 17 BOX 1015
City-St-Zip: LAKE CITY, FL

Title: EV () Delete
Name: BROWN, DAVID
Address: 3309 SW SR-247
City-St-Zip: LAKE CITY, FL 32024

Title: EV () Delete
Name: MCCOLLUM, GARY
Address: 3309 SW SR-247
City-St-Zip: LAKE CITY, FL 32024

Title: O () Delete
Name: STALVEY, ABBY
Address: 3309 SW SR-247
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: CREAMER, LINDA M
Address: 1152 NW SCENIC LAKE DRIVE
City-St-Zip: LAKE CITY, FL 32055

Title: PD (X) Change () Addition
Name: CREAMER, LINDA M.,
Address: 1152 NW SCENIC LAKE DRIVE
City-St-Zip: LAKE CITY, FL 32055

Title: VST (X) Change () Addition
Name: BROWN, AMY,
Address: 259 NW RHODEN GLENN
City-St-Zip: LAKE CITY, FL 32055

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

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

Title: EEO (X) Change () Addition
Name: STALVEY, ABBY
Address: 3309 SW SR-247
City-St-Zip: LAKE CITY, FL 32024

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: ABBY STALVEY

EEO

01/23/2008

Electronic Signature of Signing Officer or Director

Date