

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90007 030 ***158.75

DOCUMENT # F02000005885					
1. Entity Name CONSTRUCTION MATERIALS TESTING INC.					
Principal Place of Business 3A COMMERCIAL STREET HICKSVILLE, NY 11801			Mailing Address PO BOX 355 BETHPAGE, NY 11714		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-2846029	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLUE, CHUCK 7520 NW 82ND STREET MIAMI, FL 33166			Name <u>Dave Baker</u> Street Address (P.O. Box Number is Not Acceptable) <u>7520 NW 82nd St</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33166</u>		
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 <u>Dave Baker</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Dave Baker</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>06/01/05</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MURPHY, SUSAN 3A COMMERCIAL STREET HICKSVILLE, NY 11801	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Susan Murphy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>PRESIDENT</u> <u>6/2/2005</u> <small>Date</small>		<u>516-933-2796</u> <small>Daytime Phone #</small>	