


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # F05000003670	
1. Entity Name TESTING, ENGINEERING & CONSULTING SERVICES, INC.	

Principal Place of Business 235 BUFORD DRIVE LAWRENCEVILLE, GA 30045	Mailing Address 235 BUFORD DRIVE LAWRENCEVILLE, GA 30045
--	--

DO NOT WRITE IN THIS SPACE



03092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1314320	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JENKINS, ROBERT S 6731 MANGO AVE. SOUTH ST. PETERSBURG, FL 33707	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

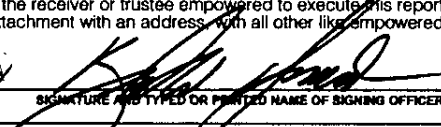
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEINRICHS, KURT 2605 LITTLE JOHN CIR. CUMMING, GA 30040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HEINRICHS, JENNIFER 2605 LITTLE JOHN CIR. CUMMING, GA 30040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENDER, PHILIP 2475 FAIRMONT PARK CT. DACULA, GA 30019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000861156
04/02/08-80092-001 158.75

DO NOT WRITE
IN THIS SPACE

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

SIGNATURE:  X 3/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #