2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90015 026 ***150.00

DOCUMENT # F06000006961

1. Entity Name
FAIL SAFE TESTING INCORPORATED

Principal Place of Business	Mailing Address
~~1 TUPPENCE RD~~	PO BOX 655
~~MANALAPAN, NJ 07726~~	MANALAPAN, NJ 07726

02142008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18 KINGS MILL ROAD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MONROE TOWNSHIP NJ	City & State
Zip: 08831 Country: USA	Zip Country

4. FEI Number: 20-4898683 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRINEN, RUTH
6700 PALERMO WAY
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CPS	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	NIRENBERG, GEORGE		NAME	
STREET ADDRESS	~~1 TUPPENCE RD~~		STREET ADDRESS	18 KINGS MILL ROAD
CITY-ST-ZIP	~~MANALAPAN, NJ 07726~~		CITY-ST-ZIP	MONROE TOWNSHIP, NJ 08831
TITLE	V	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	NIRENBERG, JEANETTE		NAME	
STREET ADDRESS	~~1 TUPPENCE RD~~		STREET ADDRESS	18 KINGS MILL ROAD
CITY-ST-ZIP	~~MANALAPAN, NJ 07726~~		CITY-ST-ZIP	MONROE TOWNSHIP, NJ 08831
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] GEORGE NIRENBERG 2/14/08 732-728-0739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #