

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000080

FILED
Apr 11, 2007
Secretary of State

Entity Name: AMERICAN SOFTWARE TESTING QUALIFICATIONS BOARD, INC.

Current Principal Place of Business:

13153 N. DALE MABRY HWY.
SUITE 105
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13153 N. DALE MABRY HWY.
SUITE 105
TAMPA, FL 33618

New Mailing Address:

FEI Number: 16-1697269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSTROSKI, LOIS M
13153 N. DALE MABRY HWY.
SUITE 105
TAMPA, FL 33618 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLACK, REX
Address: 31520 BECK RD
City-St-Zip: BULVERDE, TX 781633911

Title: VP () Delete
Name: MCQUAID, PATRICIA
Address: 8200 SANTA ROSA RD
City-St-Zip: ATASCADERO, CA 934224907

Title: T () Delete
Name: MIDDLETON, WAYNE
Address: 330 CORPORATE WAY STE 300
City-St-Zip: ORANGE PARK, FL 320736214

Title: ED () Delete
Name: KOSTROSKI, LOIS M
Address: 13153 N. DALE MABRY HWY.
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLACK, REX
Address: 31520 BECK RD
City-St-Zip: BULVERDE, TX 78163

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS M KOSTROSKI

ED

04/11/2007

Electronic Signature of Signing Officer or Director

Date