

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000931

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** EDUCATIONAL TESTING & REVIEW SERVICES, INC.

**Current Principal Place of Business:**

3195 FOXCROFT ROAD  
SUITE 204F  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

3195 FOXCROFT ROAD  
SUITE 204F  
MIRAMAR, FL 33025

**New Mailing Address:**

**FEI Number:** 41-2195512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DURAND, NANCY  
12874 SW 50TH CT  
MIRAMAR, FL 33027 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: DURAND, NANCY  
Address: 12874 SW 50TH CT  
City-St-Zip: MIRAMAR, FL 33027

Title: VP ( ) Delete  
Name: ST-ALBORD, LOUINEL  
Address: 12874 SW 50TH CT  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: NANCY DURAND

PD

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date