

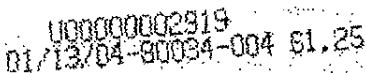


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N99000006548</b>		
1. Entity Name INTERNATIONAL TEST COMMISSION, INC.		
Principal Place of Business 3301 DIAMOND KEY CT. PUNTA GORDA, FL 33955-4656 US		Mailing Address 3301 DIAMOND KEY CT. PUNTA GORDA, FL 33955-4656 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01092004 No Chg-NP CR2E037 (10/03)
		4. FEI Number 65-0996223 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  BYRNE, BARBARA 3301 DIAMOND KEY CT. PUNTA GORDA, FL 33955-4656		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OAKLAND, THOMAS 1921 SW 8 DRIVE GAINESVILLE, FL 32601	 <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BYRNE, BARBARA 3301 DIAMOND KEY CT. PUNTA GORDA, FL 339554656	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTRAM, DAVID SHL GROUP PLC 3 AC COURT THAMES DITTON SURREY UK	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 617, 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>Barbara Byrne</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>Jan. 9 '04</u> Daytime Phone #: <u>(941) 575-8044</u>