2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

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Entity Name: U.D. TESTING, INC.

Current Principal Place of Business:

535 US 41 BY-PASS, BOX #272
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

535 US 41 BY-PASS, BOX #272
VENICE, FL 34285

New Mailing Address:

FEI Number: 58-2360454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARY, MARY BETH M ESQ.
9132 STRADA PLACE
3RD FLOOR
NAPLES, FL 341082683 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: PD
Name: PODORSKI, ANTHONY F
Address: 1249 RESERVE DR
City-St-Zip: VENICE, FL 34285

Title: TD
Name: TWILLMANN, NORBERT S
Address: 15143 S. ASBURY ROAD
City-St-Zip: HARRISON, ID 83833

Title: D
Name: BENNETT, CHARLES S
Address: 1276 VIA PORTOFINO
City-St-Zip: NAPLES, FL 34108

Title: D
Name: EVERING, HENRY W
Address: 2685 MANASOTA BEACH ROAD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: WHITTLE, ROGER W
Address: 8315 SW 84TH PLACE ROAD
City-St-Zip: OCALA, FL 34481

Title: S
Name: EVERING, MARLENE
Address: 535 US 41 BYP N. #245
City-St-Zip: VENICE, FL 34285

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARLENE EVERING S 04/28/2011

Electronic Signature of Signing Officer or Director — Date