


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000114467 1. Entity Name EXAM DEPOT, INC.	
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Principal Place of Business 13880 44TH PLACE NORTH ROYAL PALM BEACH, FL 33411	Mailing Address 3143 GENESSEE AVE. WEST PALM BEACH, FL 33409
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DO NOT WRITE IN THIS SPACE

04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1063059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LLAMA, NANCY E 13880 44TH PLACE NORTH ROYAL PALM BEACH, FL 33411	DO NOT WRITE IN THIS SPACE
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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.

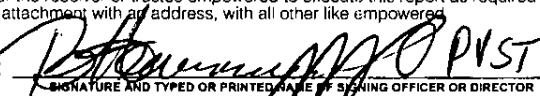
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000949648 06/03/08-80013-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HERNANDEZ, BRIGIDA C 3143 GENESSEE AVENUE WEST PALM BEACH, FL 33409
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**DO NOT WRITE
IN THIS SPACE**

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:  PVST **BRIGIDA
HERNANDEZ** **4/30/08** **561-6894863**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #