

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000007493

FILED
Apr 30, 2008
Secretary of State

Entity Name: FIRST COAST TESTING SERVICES, INC.

Current Principal Place of Business:

1529 MARGARET STREET #3
JACKSONVILLE, FL 32204

New Principal Place of Business:

2063 OAK STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

1529 MARGARET STREET #3
JACKSONVILLE, FL 32204

New Mailing Address:

2063 OAK STREET
JACKSONVILLE, FL 32204

FEI Number: 59-3715149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, DOUGLAS M
1529 MARGARET STREET #3
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

HILL, DOUGLAS M
2063 OAK STREET
JACKSONVILLE, FL 32204 US

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: DOUGLAS M HILL

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: HILL, DOUGLAS M
Address: 1529 MARGARET STREET #3
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: HILL, DOUGLAS M
Address: 2063 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

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

SIGNATURE: DOUGLAS M. HILL

MR.

04/30/2008

Electronic Signature of Signing Officer or Director

Date