2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000071251

City-St-Zip:

WEST PALM BEACH, FL 33406

Entity Name: PERSONAL CHOICE TESTING CENTER, INC

FILED May 02, 2005 Secretary of State

Entity Name: PERSONAL CHOICE TESTING CENTER, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
566 SE 15 BOYNTON	AVE I BEACH, FL	33435			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
566 SE 15 BOYNTON	AVE I BEACH, FL	33435			
FEI Number:	43-1966984	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BUCHWALD, ERIC 566 SE 15 AVE BOYNTON BEACH, FL 33435 US			566 SE 15 AVE	OROZCO, ARNERYS V 566 SE 15 AVE BOYNTON BEACH, FL 33435 US	
	named entity of Florida.	submits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: ARNER	rs orozco		05/02/2005	
	Electro	nic Signature of Registered Age	nt	Date	
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BUCHWALD, 566 SE 15 AV		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	BUCHWALD, 566 SE 15 AV		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	V (OROZCO, ARI 3385 HOUSAT		Title: (Name: Address:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: ERIC BUCHWALD PRES 05/02/2005