2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117887

Entity Name: C & M TESTING CENTER, INC.

FILED Mar 23, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

7207 CHESSWOOD COURT TEMPORARY ADDRESS TAMPA, FL 336152025 US

Current Mailing Address: New Mailing Address:

220-16 DAVENPORT A VENUE P.O. BOX 260078

QUEENS VILLAGE, NY 11428 US BELLEROSE, NY 11426 US

FEI Number: 81-0589386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRUTCH, DONALD L MIN 7207 CHESSWOOD COURT TAMPA, FL 33615 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS () Delete Title: PRFS (X) Change () Addition CRUTCH, DONALD L MIN CRUTCH, DONALD L MIN Name: Name: 220-16 DAVENPORT AVE 153-24 111TH ROAD Address: Address: City-St-Zip: QUEENSVILLAGE,, NY 11428 US City-St-Zip: JAMAICA, NY 11433 US

Title: VICE () Delete Title: VICE (X) Change () Addition

 Name:
 CRUTCH, LISA A
 Name:
 CRUTCH, LISA A

 Address:
 220-16 DAVENPORT AVE
 Address:
 153-18 112TH AVENUE

 City-St-Zip:
 QUEENSVILLAGE,, NY 11428
 City-St-Zip:
 JAMAICA, NY 11433 US

Title: SECY () Delete Title: () Change () Addition

 Name:
 CRUTCH, DORIS
 Name:

 Address:
 199-24 LINDEN BLVD
 Address:

 City-St-Zip:
 ST.. ALBANS, NY 11412 US
 City-St-Zip:

Title: DIR () Delete Title: () Change () Addition

 Name:
 MCCORD, GEORGE L
 Name:

 Address:
 7207 CHESSWOOD CT.
 Address:

 City-St-Zip:
 TAMPA, FL 33615 US
 City-St-Zip:

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.

SIGNATURE: MIN DONALD L CRUTCH PRES 03/23/2004