

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000009955

FILED
Nov 06, 2004
Secretary of State

Entity Name: B & B TEST SOLUTIONS, INC.

Current Principal Place of Business:

PMB 337
3810 MURRELL RD
ROCKLEDGE, FL 32955

New Principal Place of Business:

1449 VICTORIA BLVD
ROCKLEDGE, FL 32955

Current Mailing Address:

PMB 337
3810 MURRELL RD
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 02-0670379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRYANT, WILLIAM
853 CORAL SPRINGS STREET
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

BURKE, DAVID VP
1449 VICTORIA BLVD
ROCKLEDGE, FL 32955 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: DAVID BURKE

11/06/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: BRYANT, WILLIAM PRESIDE
Address: 853 CORAL SPRINGS STREET
City-St-Zip: MELBOURNE, FL 32940

Title: VP () Change (X) Addition
Name: BURKE, DAVID VP
Address: 1449 VICTORIA BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: SECR () Change (X) Addition
Name: BRYANT, WILLIAM SECRET
Address: 853 CORAL SPRINGS STREET
City-St-Zip: MELBOURNE, FL 32940

Title: TREA () Change (X) Addition
Name: BURKE, DAVID TREASUR
Address: 1449 VICTORIA BLVD
City-St-Zip: ROCKLEDGE, FL 32955

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: DAVID BURKE

VP

11/06/2004

Electronic Signature of Signing Officer or Director

Date