

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009955

Entity Name: B & B TEST SOLUTIONS, INC.

FILED  
Apr 10, 2005  
Secretary of State

## Current Principal Place of Business:

1449 VICTORIA BLVD  
ROCKLEDGE, FL 32955

## New Principal Place of Business:

1801 PENN STREET  
MELBOURNE, FL 32901

## 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 ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DAVID A. BURKE

VP

04/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date