## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000009955

Entity Name: B & B TEST SOLUTIONS, INC.

FILED Mar 06, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	NTIS ROAD RNE, FL 32904	ı		3040 VENTURE LANE, SUITE 108 MELBOURNE, FL 32934	
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
620 ATLANTIS ROAD MELBOURNE, FL 32904			3040 VENTURE LANE, SUITE 108 MELBOURNE, FL 32934		
FEI Number	: 02-0670379	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	AVID VP ORIA BLVD OGE, FL 32955	S US			
	named entity s e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BRYANT, WILL	RINGS STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete BURKE, DAVID VP 1449 VICTORIA BLVD ROCKLEDGE, FL 32955		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ame: BURKE, DAVÌD TREASUR ddress: 1449 VICTORIA BLVD		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: DAVID BURKE VP 03/06/2008