

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009955

Entity Name: B & B TEST SOLUTIONS, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

3040 VENTURE LANE, SUITE 108
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

3040 VENTURE LANE, SUITE 108
MELBOURNE, FL 32934

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 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

04/06/2009

Electronic Signature of Signing Officer or Director

Date