


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90241 001 ***150.00
03-22-2006 90241 002 *****8.75

| | |
|--|---|
| DOCUMENT # P03000067167 1. Entity Name SPACE COAST TESTING, INC. |  |
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|---|---|
| Principal Place of Business 733-D NORTH DRIVE MELBOURNE, FL 32934 | Mailing Address 733-D NORTH DRIVE MELBOURNE, FL 32934 |
|---|---|

DO NOT WRITE IN THIS SPACE



02202006 No Chg-P CR2E034 (11/05)

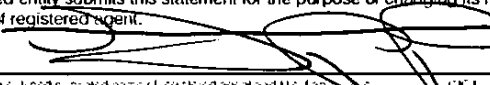
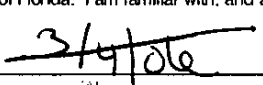
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| 4. FEI Number 06-1698835 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**TRIPP, MARLENE
733-D NORTH DRIVE
MELBOURNE, FL 32934**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **00P3** 


| | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | D TRIPP, MARLENE 733-D NORTH DRIVE MELBOURNE, FL 32934 |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/4/06** **321-255-3116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR