


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90103 007 ***150.00

DOCUMENT # P03000079305	
1. Entity Name TESTING EVALUATION LABORATORIES, INC.	

Principal Place of Business 2007 WOOD COURT 3 PLANT CITY, FL 33563 US	Mailing Address 2007 WOOD COURT 3 PLANT CITY, FL 33563 US
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2. Principal Place of Business 2002 Wood Court Suite 1 Plant City, FL 33563 Hillsborough	3. Mailing Address P.O. Box 230 Valrico, FL 33563 Hillsborough
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City & State Plant City, FL	City & State Valrico, FL
Zip 33563	Zip 33563
Country Hillsborough	Country Hillsborough

6. Name and Address of Current Registered Agent WRIGHT, VIVIAN K 2007 WOOD COURT 3 PLANT CITY, FL 33563	
7. Name and Address of New Registered Agent Name Vivian K. Wright Street Address (P.O. Box Number is Not Acceptable) 2002 Wood Court Suite 1 City Plant City FL Zip Code 33563	

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 *Vivian K. Wright* *Vivian K. Wright* *4/10/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT WRIGHT, VIVIAN K 2111 HERITAGE CREST DR VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Vivian K. Wright* *Vivian K. Wright* *4/10/06* *(813) 659-9197*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #