



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90014 029 \*\*\*150.00

<b>DOCUMENT # P05000004891</b> 1. Entity Name <b>CREDENCE CORPORATION</b>					
Principal Place of Business <b>450 E. LAS OLAS BLVD SUITE 880 FORT LAUDERDALE, FL 33301</b>			Mailing Address <b>450 E. LAS OLAS BLVD SUITE 880 FORT LAUDERDALE, FL 33301</b>		
2. Principal Place of Business - No P.O. Box # <b>3215 NW 10 Terrace</b>		3. Mailing Address <b>3215 NW 10 Terrace</b>			
Suite, Apt. #, etc. <b>Suite 21</b>		Suite, Apt. #, etc. <b>Suite 21</b>			
City & State <b>Ft Lauderdale, FL</b>		City & State <b>FT Lauderdale, FL</b>			
Zip <b>33309</b>		Zip <b>33309</b>			
Country <b>USA</b>		Country <b>USA</b>		04102008    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>20-2177213</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARTIN, JENNIFER 2611 NE 4TH STREET POMPANO BEACH, FL 33062</b>				7. Name and Address of New Registered Agent Name <b>Jennifer Martin</b> Street Address (P.O. Box Number is Not Acceptable) <b>2611 NE 4th Street</b> <b>Apt 310</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33062</b>	
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 <u><i>Jennifer Martin</i></u> DATE <b>4-21-2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARTIN, JENNIFER G 2611 NE 4TH STREET POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Jennifer Martin 2611 NE 4th Street - APT 310 Pompano Beach, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HALL, DENNIS III 2080 S. OCEAN DR LPH05 HALLANDALE BEACH, FL 33009	<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
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
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: <u><i>Jennifer Martin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4-21-2008</b> <b>954 462-0855</b> <small>Date    Phone #</small>		