


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90182 039 \*\*\*150.00

<b>DOCUMENT # P05000069295</b> 1. Entity Name <b>RYAN PSYCHOLOGICAL TEST CENTER, INC.</b>					
Principal Place of Business <b>134 48TH AVENUE NORTH ST PETERSBURG, FL 33703-3918</b>			Mailing Address <b>134 48TH AVENUE NORTH ST PETERSBURG, FL 33703-3918</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>04242006</b> Chg-P <b>CR2E034 (11/05)</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				4. FEI Number <b>04-3814320</b>	
6. Name and Address of Current Registered Agent  <b>RYAN, SOLONA S DR 134 48TH AVENUE NORTH ST PETERSBURG, FL 33703-3918</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	<b>D RYAN, SOLONA S DR 134 48TH AVENUE NORTH ST PETERSBURG, FL 337033918</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RYAN, LEO R DR 134 48TH AVENUE NORTH ST PETERSBURG, FL 337033918</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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.					
<b>SIGNATURE: <i>Dr. Solona S. Ryan</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-25-06</b> <small>Date</small>		<b>727-526-8509</b> <small>Daytime Phone #</small>	