

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90211 003 ***150.00

DOCUMENT # P07000024978					
1. Entity Name PROFESSIONAL TESTING ASSOCIATES, INC.					
Principal Place of Business 1160 PONCE DELEON BLVD BROOKSVILLE, FL 34601			Mailing Address 5143 COMMERCIAL WAY SPRING HILL, FL 34606		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1160 PONCE DELEON BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BROOKSVILLE, FL		4. FEI Number 20-8554597	
Zip		Country		Zip 34601	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KLIMIS, GEORGE N 27 E ORANGE STREET TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent KOSARES, KAREN L. 1160 PONCE DELEON BLVD. BROOKSVILLE FL 34601		
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: DATE: 4-28-08 <small>Signature is typed or printed name of registered agent, and if applicable, (NOTE: Registered Agent's signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOSARES, KAREN L 1160 PONCE DELEON BLVD BROOKSVILLE, FL 34601		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT DVPS KOSARES, RODNEY J.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOSARES, RODNEY L 1160 PONCE DELEON BLVD BROOKSVILLE, FL 34601		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	
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:			KAREN L. KOSARES 4/28/08 352-799-2883 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		