2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000097035

Name:

Address:

City-St-Zip:

Entity Name: SOUTH ATLANTIC TESTING SERVICES, INC.

FILED Mar 18, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3300 UNIVERSITY DRIVE STE 903 CORAL SPRINGS, FL 33065 US **New Mailing Address: Current Mailing Address:** 3300 UNIVERSITY DRIVE STE 903 CORAL SPRINGS, FL 33065 US FEI Number: 65-0636245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: CARLSON, GRAFTON N P.A HRAWG CORP. 1801 N. MILITARY TRAIL 1290 EAST OAKLAND PARK BLVD SUITE 200 FORT LAUDERDALE, FL 333344443 US BOCA RATON, FL 33431 US 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. SIGNATURE: LARRY CORMAN, PRESIDENT 03/18/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete Title: () Change () Addition SILVER, ROCHELLE Name: Name: 3300 UNIVERSITY DR #903 Address: Address: City-St-Zip: POMPANO BEACH, FL 33065 City-St-Zip: () Delete Title: Title: () Change () Addition Name: SILVER, ROBERT Name: 3300 UNIVERSITY DR #903 Address: Address: POMPANO BEACH, FL 33065 City-St-Zip: City-St-Zip: Title: Title: COO () Delete () Change () Addition SILVER, RYAN Name: Name: 3300 UNIVERSITY DRIVE #903 Address Address: City-St-Zip: POMPANO BEACH, FL 33065 City-St-Zip: Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SILVER, SCOTT

3300 UNIVERSITY DRIVE #903

POMPANO BEACH, FL 33065 US

SIGNATURE: ROCHELLE SILVER CEO 03/18/2005