

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000016780**

**1. Entity Name**  
**PROTECH ASSESSMENTS, INC.**



**Principal Place of Business**  
**11220 NW 42 ST.**  
**CORAL SPRINGS, FL 33065**

**Mailing Address**  
**11220 NW 42 ST.**  
**CORAL SPRINGS, FL 33065**



03282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0813277**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**LIBOW, ALLEN H**  
**1200 NORTH FEDERAL HIGHWAY**  
**STE 301**  
**BOCA RATON, FL 33432-2846**

**DO NOT WRITE**  
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**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**

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.**



**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**MACMULLEN DOBBS, LESLIE JILL**  
**11220 NW 42 ST.**  
**CORAL SPRINGS, FL 33065**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

11111111484570  
04-12-06-11111111-015 158.75

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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.**

**LESLIE J. MACMULLEN DOBBS**

**SIGNATURE:**

*Leslie J. MacMullen Dobbs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/06**  
Date

**954-346-8910**  
Daytime Phone #