2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2008 08:00 A Secretary of State

| DOCUMENT | # P98000016780 |
|--------------|----------------|
| A Contractor | |

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



04082008

No Chg-P

CR2E034 (11/05)

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 IN THIS SPACE

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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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | | | |
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12. Thereby 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:

Lestie J. Mac Muln Washs

SIGNATURE AND TYPETY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08 954:346:8910