2004 FOR PROFIT CORPORATION

SIGNATURE:

FILED ANNUAL REPORT (AR) Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P99000073692 1. Entity Name 04-12-2004 90321 044 ***158.75 TESTABILITY, INC. Principal Place of Business Mailing Address PMB:#302 STE 108 6753 THOMASVILLE RD TALLAHASSEE FL 32312 PMB #302 STE 108 6753 THOMASVILLE RD TALLAHASSEE FL 32312 2. Principal Place of Business 3. Mailing Address 1334 Timberlane KOAD 1334 Timberlane Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Suite 12 Suite 12 City & State City & State 4. FEI Number Applied For 59-3592713 Tallahassee Allahassee Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32312 32312 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREGORY A. BAKER BAKER, GREGORY A Street Address (P.O. Box Number is Not Acceptable) 1028 SUMMERBROOKE DR CONSERVANCY Drive TALLAHASSEE FL 32312 Zip Code 32312 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 ageo SIGNATURE : (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete BAKER, GREGORY NAME 1151 CONSCIVANCY DrivE WEST STREET ADDRESS 1028 SUMMERBROOKE DR STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP TAllahassee, FL 32312 CITY-ST-ZIP CEO TITLE ☐ Delete TITLE ☐ Addition BAKER, ANDREA NAME NAME 1151 CONSCIVENCY DIVE WEST STREET ADDRESS 1028 SUMMERBROOKE DR STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312 CITY- ST- 7IP TAILAHASSEE, FL 32312 TITLE Delete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.