

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S33435

FILED
Mar 03, 2004
Secretary of State

Entity Name: ASSURANCE TESTING SERVICES, INC.

Current Principal Place of Business:

2135 S. CONGRESS AVE.
SUITE 4C
WEST PALM BEACH, FL 33406

Current Mailing Address:

2135 S. CONGRESS AVE.
SUITE 4C
WEST PALM BEACH, FL 33406

New Principal Place of Business:

2237 S. CONGRESS AVE.
SUITE #B
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 65-0234287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, THOMAS
124 WEDGEWOOD LAKES S
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

SOLOMON, THOMAS
3965 CYPRESS EDGE DRIVE
LAKEWORTH, FL 33467 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: _____

Electronic Signature of Registered Agent

03/03/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SOLOMON, THOMAS M.,
Address: 124 WEDGEWOOD LAKES S
City-St-Zip: GREENACRES, FL

Title: P () Delete
Name: SOLOMON, ROSEMARY A.,
Address: 124 WEDGEWOOD LAKES SOUTH
City-St-Zip: GREENACRES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: SOLOMON, THOMAS M.,
Address: 3965 CYPRESS EDGE DRIVE
City-St-Zip: LAKEWORTH, FL 33467 US

Title: P (X) Change () Addition
Name: SOLOMON, ROSEMARY A.,
Address: 3965 CYPRESS EDGE DRIVE
City-St-Zip: LAKEWORTH, FL 33467

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.

SIGNATURE: THOMAS SOLOMON

VP

03/03/2004

Electronic Signature of Signing Officer or Director

Date