

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V48812

Entity Name: TEST DEVICES, INC.

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

172 OXFORD ROAD  
FERN PARK, FL 32730 US

**New Principal Place of Business:**

2464 FALMOUTH ROAD  
MAITLAND, FL 32751 US

**Current Mailing Address:**

2464 FALMOUTH ROAD  
MAITLAND, FL 32751 US

**New Mailing Address:**

FEI Number: 59-3131723      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICHARDSON, ROBERT M PRES.  
2464 FALMOUTH ROAD  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: RICHARDSON, ROBERT M PRES  
Address: 2464 FALMOUTH ROAD  
City-St-Zip: MAITLAND, FL 32751 US

Title: D  
Name: LEONE, ADELCHI  
Address: 2464 FALMOUTH ROAD  
City-St-Zip: MAITLAND, FL 32751 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT M. RICHARDSON

PRES

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date