2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# V55052

Entity Name: CERTIFIED CALIBRATIONS INC.

Current Principal Place of Business:

1251 PINEHURST RD #109
DUNEDIN, FL 346985428 US

New Principal Place of Business:

Current Mailing Address:

1251 PINEHURST RD #109
DUNEDIN, FL 346985428 US

New Mailing Address:

FEI Number: 59-3133673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEED, DORCAS L.
647 HIGHLAND AVENUE
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

WEED, LOUISE VPS
647 HIGHLAND AVENUE
DUNEDIN, FL 34698 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: LOUISE WEED 03/25/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: WEED, DON W.,
Address: 647 HIGHLAND AVE.
City-St-Zip: DUNEDIN, FL 34698

Title: VSD ( ) Delete
Name: WEED, DORCAS L.,
Address: 647 HIGHLAND AVE.
City-St-Zip: DUNEDIN, FL 34698

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change ( ) Addition
Name: WEED, LOUISE VPS
Address: 647 HIGHLAND AVE.
City-St-Zip: DUNEDIN, FL 34698

Title: VP ( ) Change (X) Addition
Name: REED, MICHAEL L VP
Address: 1340 HALES HOLLOW DR.
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DON W. WEED PTD 03/25/2009
Electronic Signature of Signing Officer or Director Date