


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F05000003670**

1. Entity Name  
**TESTING, ENGINEERING & CONSULTING SERVICES, INC.**



Principal Place of Business      Mailing Address

**235 BUFORD DRIVE**      **235 BUFORD DRIVE**  
**LAWRENCEVILLE, GA 30045**      **LAWRENCEVILLE, GA 30045**

**DO NOT WRITE IN THIS SPACE**



03092008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>20-1314320</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**JENKINS, ROBERT S**  
**6731 MANGO AVE. SOUTH**  
**ST. PETERSBURG, FL 33707**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEINRICH, KURT 2605 LITTLE JOHN CIR. CUMMING, GA 30040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HEINRICH, JENNIFER 2605 LITTLE JOHN CIR. CUMMING, GA 30040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENDER, PHILIP 2475 FAIRMONT PARK CT. DACULA, GA 30019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/02/08-80092-001 158.75

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12. I hereby 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:  x 3/10/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #