

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006961

FILED  
Mar 25, 2007  
Secretary of State

Entity Name: FAIL SAFE TESTING INCORPORATED

**Current Principal Place of Business:**

1 TUPPENCE RD  
MANALAPAN, NJ 07726

**New Principal Place of Business:**

**Current Mailing Address:**

1 TUPPENCE RD  
MANALAPAN, NJ 07726

**New Mailing Address:**

PO BOX 655  
MANALAPAN, NJ 07726

FEI Number: 20-4898683

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRINEN, RUTH  
6700 PALERMO WAY  
LAKE WORTH, FL 33467 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPS ( ) Delete  
Name: NIRENBERG, GEORGE  
Address: 1 TUPPENCE RD  
City-St-Zip: MANALAPAN, NJ 07726

Title: V ( ) Delete  
Name: NIRENBERG, JEANETTE  
Address: 1 TUPPENCE RD  
City-St-Zip: MANALAPAN, NJ 07726

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGE NIRENBERG

PRES

03/25/2007

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

\_\_\_\_\_ Date