2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011598

FILED May 01, 2007 Secretary of State

Entity Name: ENVIRONMENTAL BIOINDICATORS FOUNDATION, INC. **New Principal Place of Business: Current Principal Place of Business:** 207 1/2 ORANGE AVE **UNIT G** FT PIERCE, FL 34950 **New Mailing Address: Current Mailing Address:** 207 1/2 ORANGE AVE **UNIT G** FT PIERCE, FL 34950 FEI Number: 20-4022543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZILLIOUX, EDWARD J 207 1/2 ORANGE AVE **UNIT G** FT PIERCE, FL 34950 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ZILLIOUX, EDWARD J ZILLIOUX, EDWARD J Name: Name: 207 1/2 ORANGE AVE, UNIT G Address: 207 1/2 ORANGE AVE, UNIT G Address: City-St-Zip: FT PIERCE, FL 34950 City-St-Zip: FT PIERCE, FL 34950 (X) Change () Addition Title: () Delete Title: O/D Name: NEWMAN, JAMES R Name: NEWMAN, JAMES R Address: 207 1/2 ORANGE AVE. UNIT G Address: 207 1/2 ORANGE AVE. UNIT G City-St-Zip: FT PIERCE, FL 34950 City-St-Zip: FT PIERCE, FL 34950 Title: () Delete Title: (X) Change () Addition RAYMAN, CHARLES E LEGORE, STEVE E Name: Name: 887 E PRIMA VISTA BLVD 2804 GULF DRIVE N. Address: Address: City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: HOLMES BEACH, FL 34217 Title: () Delete Title: () Change (X) Addition Name: Name: WOLFE, MARTI F DEPT BIOLOGICAL SCI, CALIFORNIA STATE UNIV Address: Address: City-St-Zip: City-St-Zip: CHICO, CA 95929

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD J. ZILLIOUX O/D 05/01/2007