2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 191813

Entity Name: LAYNE, INC. OF FLORIDA

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9900 STIRLING ROAD 7772 SW 42 CT

SUITE 231 DAVIE, FL 33328 US COOPER CITY, FL 33024 US

Current Mailing Address: New Mailing Address:

PO BOX 292708

DAVIE, FL 33329 US

FEI Number: 59-0776717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MINER, JEFFREY R
1001 NORTH FEDERAL HIGHWAY
MINER, JEFFREY R
1067 NW 97 AVE

SUITE 303 PLANTATION, FL 33322 US

HALLANDALE BEAHC, FL 33009 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:

04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 LAYNE, MICHAEL
 Name:
 LAYNE, MICHAEL

 Address:
 1001 N FEDERAL HWY 303
 Address:
 7772 SW 42ND COURT

 City-St-Zip:
 HALLANDALE BEACH, FL 33009 US
 City-St-Zip:
 DAVIE, FL 33328 US

Title: SVPD () Delete Title: () Change () Addition

 Name:
 HACKINSON, KELLY
 Name:

 Address:
 1001 N FEDERAL HWY 303
 Address:

 City-St-Zip:
 HALLANDALE BEACH, FL 33009
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 BROWN, DIANA
 Name:

 Address:
 1001 N FEDERAL HWY 303
 Address:

 City-St-Zip:
 HALLANDALE BEACH, FL 33009
 City-St-Zip:

Title: VPD (X) Delete Title: () Change () Addition

 Name:
 LUNDGREN, RICHARD N
 Name:

 Address:
 1001 N FEDERAL HWY 303
 Address:

 City-St-Zip:
 HALLANDALE BEACH, FL 33009
 City-St-Zip:

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: MICHAEL LAYNE PRES 04/29/2009