2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2006 8:00 am Secretary of State

DOCUMENT # 747015 1. Entity Name FLORIDA SOCIETY OF ENVIRONMENTAL ANALYSTS, INC.							04-05-2006	5 901 38 004 ****	*70.00
Principal Place of Business 44 LONGFELLOW CIRCLE ORMOND BEACH, FL 32176 US Mailing Address P.O. BOX 153 ORMOND BEACH, FL 32176 US ORMOND BEACH, FL 3				32175-0153	us				
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01052006	Chg-NP	CR2E037 (11/05	s)
City & State		City & State			4. FEI Number 59-1932	954		Applied For Not Applicable	
Zīp	Zip Country		Zip Countr			5. Certificate of		\$8.75 / Fee Requ	Additional
	6. Name	and Address of Current	Registered Agent	Nam				Registered Agent	
IVANHOFF, DELIA					Name SUZANNE RACHMANINOFF				
366 LYTLE ST WEST PALM BEACH, FL 33405 Street Address (et Address (P.	P.O. Box Number is Not Acceptable)			
		,		· ·	44 LO	NGFEL	LOW C	IRCLE	
•					City OR HOND BEACH FL 70 Code 76				
8. The above	named entit	y submits this statement to	the purpose of changing it	s registered offic	e or registere	d agent, or both,	in the State of Fi	orida. I am familiar wil	h, and accept
ine congai	ilors or regisi	tered agent.							
SIGNATURE		e les		EXEC	UTIVE	SECR	SETAR	Y 413	96
Ţ	Signature, typed	or printed name of registered agent a	and strell applicable(NO						<u> </u>
	<u> </u>			TE FEDERA CO AGE ES	Charles technical m	hen reinstating)		DATE	
W.7.	_	e is \$61.25 lay 1, 2006	9. Election Ca	mpaign Financir Contribution	9_ \$	\$5.00 May Be lodded to Fees		DATE Lake check payable rida Department of	
10.	Due by N	•	9. Election Ce Trust Fund	mpaign Financir	° - 3	5.00 May Be	Flor	lake check payable	State
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	P WALKER,	lay 1, 2006	9. Election Ce Trust Fund	mpaign Financir Contribution	AC	5.00 May Be	Flor	lake check payable rida Department of	State IN 10
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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 617, 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:

ANDRE RACHMAN (NOF

4/3/06 (386)441-311

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Daysima Phone #