

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006450

FILED
Apr 17, 2009
Secretary of State

Entity Name: ECOSPHERE TECHNOLOGIES, INC.

Current Principal Place of Business:

3515 SE LIONEL TERRACE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

3515 SE LIONEL TERRACE
STUART, FL 34997

New Mailing Address:

FEI Number: 20-3502861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, MICHAEL D
1555 PALM BEACH LAKES BLVD., STE 310
WEST PALM BEACH, FL 33401 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: C () Delete
Name: STERNER, GEORGE
Address: 2708 HATMARK ST
City-St-Zip: VIENNA, VA 22181

Title: D () Delete
Name: ALLBAUGH, JOE M
Address: 400 NORTH CAPITAL ST, NW, STE 475
City-St-Zip: WASHINGTON, DC 20001

Title: D () Delete
Name: DONN, SR., MICHAEL R
Address: 3515 SE LIONEL TERRACE
City-St-Zip: STUART, FL 34997

Title: P () Delete
Name: MCGUIRE, DENNIS
Address: 3515 SE LIONEL TERRACE
City-St-Zip: STUART, FL 34997

Title: CFO () Delete
Name: RUSHING III, JAMES C
Address: 3515 SE LIONEL TERRACE
City-St-Zip: STUART, FL 34997

Title: S () Delete
Name: MCGUIRE, JACQUELINE K
Address: 3515 SE LIONEL TERRACE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: HASKELL, PATRICK
Address: 3515 SE LIONEL TERRACE
City-St-Zip: STUART, FL 34997

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

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

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

Title: CFO (X) Change () Addition
Name: GOLDFARB, ADRIAN
Address: 3515 SE LIONEL TERRACE
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
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: ADRIAN GOLDFARB

CFO

04/17/2009

Electronic Signature of Signing Officer or Director

Date