2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H36229

Entity Name: SOLVENT RECOVERY SYSTEMS, INC.

FILED Jan 05, 2009 Secretary of State

US

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

SRS, INC.

115-B INDUSTRIAL LOOP N
ORANGE PARK, FL 32073 US

115-B INDUSTRIAL LOOP ORANGE PARK, FL 32073

Current Mailing Address: New Mailing Address:

POB 184 PO BOX 184

ORANGE PARK, FL 320670184 US ORANGE PARK, FL 320670184 US

FEI Number: 59-2350151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

HARRIS, SHAUN
115-B INDUSTRIAL LOOP
ORANGE PARK, FL 32073 US
HARRIS, SHAUN
115-B INDUSTRIAL LOOP N
ORANGE PARK, FL 32073 US
ORANGE PARK, FL 32073 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: 01/05/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

DT () Delete HARRIS, BERNARD,

Name: HARRIS, BERNARD, Address: 2895 ADMIRALS WALK City-St-Zip: ORANGE PARK, FL 32073

 Title:
 DPS
 () Delete

 Name:
 HARRIS, SHAUN B

 Address:
 115-B INDUSTRIAL LOOP

 City-St-Zip:
 ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition

Name: HARRIS, SHAUN

Address: 115-B INDUSTRIAL LOOP N City-St-Zip: ORANGE PARK, FL 32073

Title: DT (X) Change () Addition

Name: HARRIS, BERNARD
Address: 115-B INDUSTRIAL LOOP N
City-St-Zip: ORANGE PARK, FL 32073

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: SHAUN HARRIS PRES 01/05/2009