2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67626

Entity Name: FLORIDA TIRE RECYCLING, INC.

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9675 RANGE LINE RD PORT ST. LUCIE, FL 349872110 US **Current Mailing Address: New Mailing Address:** 9675 RANGE LINE RD PORT ST. LUCIE, FL 349872110 US FEI Number: 59-2801031 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: WILSON, SUSAN K 19050 GLADES CUT-OFF ROAD PORT ST LUCIE, FL 34987 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PTSD (X) Change () Addition WILSON, SUSAN K WILSON, SUSAN K Name: Name: 19050 GLADES CUT-OFF ROAD 19050 GLADES CUT-OFF ROAD Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34987 City-St-Zip: PORT ST. LUCIE, FL 34987 Title: (X) Delete Title: () Change () Addition Name: WILSON, DANIEL J Name: 10517 SW STRATTON DR. Address: Address: PORT ST. LUCIE, FL 34987 US City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition WILSON, JACQUELINE L Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: SUSAN K. WILSON P 04/22/2008

11393 SW PEMBROKE DR.

PORT ST LUCIE, FL 34987 US

Address:

City-St-Zip: