
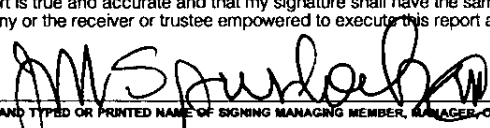


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90369 047 \*\*\*\*\*50.00

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # M05000003331</b><br>1. Entity Name-<br><b>ACCELERATED REMEDIATION TECHNOLOGIES, LLC</b>  |   |  |   |  |  |
| Principal Place of Business<br><b>3432 PIEDMONT ROAD NE<br/>#731<br/>ATLANTA, GA 30305</b>   |   |  | Mailing Address<br><b>3432 PIEDMONT ROAD NE<br/>#731<br/>ATLANTA, GA 30305</b>        |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |   |  | Suite, Apt. #, etc.   |   |  |
| City & State   |   |  | City & State  |   |  |
| Zip  |   | Country                                    |   | Zip   |  |
| Country  |   | Country                                    |   | 4. FEI Number<br><b>20-2614328</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |   | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |  | <b>7. Name and Address of New Registered Agent</b>                                    |   |  |
| <b>GY CORPORATE SERVICES, INC.<br/>2 SOUTH BISCAYNE BLVD., SUITE 3400<br/>ONE BISCAYNE TOWER<br/>MIAMI, FL 33131</b>   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |  |   |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   |  | <b>Make check payable to<br/>Florida Department of State</b>                          |   |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>  |   |  | <b>10. ADDITIONS / CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>SPURLOCK, JAMES M III<br/>801 KENDALL KNOLL WAY<br/>NABLETON, GA 30126</b> | <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>MGR President<br/>Spurlock, James M. III<br/>3432 Piedmont Road, NE, #731<br/>Atlanta, GA 30305</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>SPURLOCK, SHERRAN S<br/>801 KENDALL KNOLL WAY<br/>NABLETON, GA 30126</b>   | <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <b>MGR<br/>Spurlock, Sherran S<br/>3432 Piedmont Road, NE #731<br/>Atlanta, GA 30305</b>               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |  |   |   |  |
| <b>SIGNATURE:</b>  <b>JIM SPURLOCK</b> <b>4/9/07</b> <b>(678) 642-6671</b>  |   |  |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day/Date Phone #</small>   |   |  |   |   |  |