2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N03000001374

Entity Name: SAMSULA AND VOLUSIANS FOR OUR ENVIRONMENT,INC.

Current Principal Place of Business:

1982 SR 44 #203
NEW SMYRNA BCH, FL 32168

New Principal Place of Business:

Current Mailing Address:

1982 SR 44 #203
NEW SMYRNA BCH, FL 32168

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGINNIS, J. DOUGLAS
106 N. RIDGEWOOD AVE
EDGEWATER, FL 32132 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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MCGINNIS, J. DOUGLAS	
Address:	106 N RIDGEWOOD AVE	
City-St-Zip:	EDGEWATER, FL 32132	
Title:	DT	( ) Delete
Name:	GALBREATH, MARCY	
Address:	3791 PARSLEY LN	
City-St-Zip:	NEW SMYRNA BCH, FL 32168	
Title:	SD	( ) Delete
Name:	GARD, CYNTHIA ANN	
Address:	3630 PEPPER LANE	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	D	( ) Delete
Name:	PLETERSKI, JAMES EVAN	
Address:	581 NORTH SAMSULA DR	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	( ) 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. DOUGLAS MCGINNIS PD 02/13/2009

Electronic Signature of Signing Officer or Director — Date