2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011598

FILED Apr 28, 2008 Secretary of State

Entity Name: ENVIRONMENTAL BIOINDICATORS FOUNDATION, INC.

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

207 1/2 ORANGE AVE 207 ORANGE AVE

UNIT G SUITE G

FT PIERCE, FL 34950 FT PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

207 1/2 ORANGE AVE 207 ORANGE AVE UNIT G SUITE G

FT PIERCE, FL 34950 FT PIERCE, FL 34950

FEI Number: 20-4022543 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:

ZILLIOUX, EDWARD J
207 1/2 ORANGE AVE
ZILLIOUX, EDWARD J
207 ORANGE AVE

UNIT G SUITE G FT PIERCE, FL 34950 US FT PIERCE, FL 34950 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: 04/28/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O/D () Delete Title: O/D (X) Change () Addition Name: ZILLIOUX, EDWARD J Name: ZILLIOUX, EDWARD J Address: 207 1/2 ORANGE AVE, UNIT G Address: 207 ORANGE AVE, SUITE G

Address: 207 172 ORANGE AVE, UNIT G Address: 207 ORANGE AVE, SUITE City-St-Zip: FT PIERCE, FL 34950 City-St-Zip: FT PIERCE, FL 34950

Title: O/D () Delete Title: O/D (X) Change () Addition

 Name:
 NEWMAN, JAMES R
 Name:
 NEWMAN, JAMES R

 Address:
 207 1/2 ORANGE AVE, UNIT G
 Address:
 207 ORANGE AVE, SUITE G

 City-St-Zip:
 FT PIERCE, FL 34950
 City-St-Zip:
 FT PIERCE, FL 34950

Title: D () Delete Title: () Change () Addition

 Name:
 LEGORE, STEVE E
 Name:

 Address:
 2804 GULF DRIVE N.
 Address:

 City-St-Zip:
 HOLMES BEACH, FL 34217
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 WOLFE, MARTI F
 Name:

 Address:
 DEPT BIOLOGICAL SCI, CALIFORNIA STATE UNIV
 Address:

 City-St-Zip:
 CHICO, CA 95929
 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: EDWARD J. ZILLIOUX DIR 04/28/2008