

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90403 046 \*\*\*\*61.25

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<b>DOCUMENT # N06000009811</b> 1. Entity Name <b>FRIENDS OF THE ENVIRONMENT, INC.</b>					
Principal Place of Business <b>550 SW 12TH AVENUE DEERFIELD BEACH, FL 33442</b>				Mailing Address <b>550 SW 12TH AVENUE DEERFIELD BEACH, FL 33442</b>	
2. Principal Place of Business - No P.O. Box # <b>6401 Lyons Rd.</b>		3. Mailing Address <b>6401 Lyons Rd.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Coconut Creek, FL</b>		City & State <b>Coconut Creek, FL</b>			
Zip <b>33073</b>		Country <b>USA</b>		4. FEI Number <b>35-2283352</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PRICE, DAVID T ESQ. 550 SW 12TH AVENUE DEERFIELD BEACH, FL 33442</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>6401 Lyons Road</b>  City <b>Coconut Creek</b> <b>FL</b> Zip Code <b>33073</b>	
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 <u><i>David Price</i></u> (NOTE: Registered Agent signature required when re-stating) DATE <u>4-27-07</u>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, DAVID T 550 SW 12TH AVENUE DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Price, David T 6401 Lyons Rd. Coconut Creek, FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBURY, MICHAEL MAN-O-WAR CAY, GREAT ABACO THE BAHAMAS.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, LINDSEY HOPE TOWN, GREAT ABACO THE BAHAMAS.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <u><i>David Price</i></u> <b>DAVID T. PRICE</b> <u>4-27-07</u> <u>954-421-9399</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR Date Daytime Phone #</small>					