

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90109 007 ****61.25

DOCUMENT # N06000009811					
1. Entity Name FRIENDS OF THE ENVIRONMENT, INC.					
Principal Place of Business 6401 LYONS RD. POMPANO BEACH, FL 33073			Mailing Address 6401 LYONS RD. POMPANO BEACH, FL 33073		
2. Principal Place of Business - No P.O. Box # 6401 Lyons Rd. Suite, Apt. #, etc.		3. Mailing Address 6401 Lyons Rd. Suite, Apt. #, etc.			
City & State COCONUT CREEK, FL		City & State COCONUT CREEK, FL		4. FEI Number 35-2283352	
Zip 33073		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRICE, DAVID T ESQ. 6401 LYONS RD. POMPANO BEACH, FL 33073			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6401 Lyons Road City COCONUT CREEK FL Zip Code 33073		
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>DAVID T. PRICE</u> DATE <u>4-22-08</u> <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 D NAME PRICE, DAVID T STREET ADDRESS 6401 LYONS RD CITY-ST-ZIP POMPANO BEACH, FL 33073	<input type="checkbox"/> Delete		TITLE D NAME PRICE, DAVID T STREET ADDRESS 6401 Lyons Rd. CITY-ST-ZIP Coconut Creek, FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ALBURY, MICHAEL STREET ADDRESS MAN-O-WAR CAY, GREAT ABACO CITY-ST-ZIP THE BAHAMAS,	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME MCCOY, LINDSEY STREET ADDRESS HOPE TOWN, GREAT ABACO CITY-ST-ZIP THE BAHAMAS,	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		<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>DAVID T. PRICE</u>			Date <u>4-22-08</u>		Daytime Phone # <u>954-421-9399</u>