2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003628

FILED Apr 14, 2009 Secretary of State

Entity Name: CONSERVATION PRESERVATION ENVIRONMENTAL, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	EDERAL HWY				
205 STUART,	FL 34997				
	Mailing Address	:	New Mailing Addre	SS:	
	EDERAL HWY		3		
	FL 34997	312 300			
FEI Number	: 65-6296442	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
7750 DOL	CARVER, JOHN JBLETREE DR JUND, FL 33455				
	e named entity su e of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electronic	Signature of Registered Ag	ent	 Date	
	Licotronii	0 0		Date	
OFFICER	S AND DIRECT			BES TO OFFICERS AND DIRECTORS	
Γitle: √ame: √ddress:	S AND DIRECT	ORS: Delete R, JOHN REE DRIVE			
OFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address: City-St-Zip:	S AND DIRECT CPD () I WHITESCARVER 7750 DOUBLETE HOBE SOUND, F	ORS: Delete R, JOHN LEE DRIVE L 33455 Delete	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTORS	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	S AND DIRECT CPD () I WHITESCARVEF 7750 DOUBLETF HOBE SOUND, F VPD () I COLE, PHYLLIS 91 SE CAYUGA: STUART, FL 348	ORS: Delete R, JOHN REE DRIVE L 33455 Delete STREET 197 Delete DN C AY EAST	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Name: Name: Name: Name:	S AND DIRECT CPD () [WHITESCARVEF 7750 DOUBLETF HOBE SOUND, F VPD () [COLE, PHYLLIS 91 SE CAYUGA: STUART, FL 348 D () [HANNAH, GORDI 3553 SE FAIRW, STUART, FL 348 SD () [SPOFFORD, BE' 7122 SE SWEET	ORS: Delete R, JOHN LEE DRIVE L 33455 Delete STREET 1997 Delete DN C AY EAST 1997 Delete VERLY WOOD TERR	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition	

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: JOHN WHITESCARVER PRES 04/14/2009