


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000007498 1. Entity Name ECOSYSTEM RESTORATION SUPPORT ORGANIZATION, INC.	
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Principal Place of Business 411 EAST GOVERNMENT STREET PENSACOLA, FL 32501	Mailing Address 411 EAST GOVERNMENT STREET PENSACOLA, FL 32501
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DO NOT WRITE IN THIS SPACE



04062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3613351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KIRSCHENFELD, TAYLOR
411 EAST GOVT STREET
PENSACOLA, FL 32501**

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	DP KIRSCHENFELD, TAYLOR 411 E GOVERNMENT ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DT BUTTS, VICTORIA 1823 N 9TH AVE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DV KIRSCHENFELD, KIM 13 SEASHORE DRIVE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D FINKEL, ROBIN 19 PALAO RD PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D LORES, EMILE JR 3530 WIMBLEDON DRIVE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D DIMITROFF, SARAH 9120 AIRWAY DR PENSACOLA, FL 32514

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05/16/07-80082-007 61.25

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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: Taylor Kirschenfeld Taylor Kirschenfeld 4/26/2007 850.438.0534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #