2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2008
Secretary of State

DOCUMENT# N99000007498

Entity Name: ECOSYSTEM RESTORATION SUPPORT ORGANIZATION, INC.

Current Principal Place of Business:

411 EAST GOVERNMENT STREET
PENSACOLA, FL 32501

New Principal Place of Business:

411 EAST GOVERNMENT STREET
PENSACOLA, FL 32502

Current Mailing Address:

411 EAST GOVERNMENT STREET
PENSACOLA, FL 32501

New Mailing Address:

411 EAST GOVERNMENT STREET
PENSACOLA, FL 32502

FEI Number: 59-3613351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KIRSCHENFELD, TAYLOR
411 EAST GOVERNMENT STREET
PENSACOLA, FL 32502 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: TAYLOR KIRSCHENFELD 07/05/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KIRSCHENFELD, TAYLOR
Address: 411 E GOVERNMENT ST
City-St-Zip: PENSACOLA, FL 32501

Title: DT ( ) Delete
Name: BUTTS, VICTORIA
Address: 1823 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32503

Title: DV ( ) Delete
Name: KIRSCHENFELD, KIM
Address: 13 SEASHORE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete
Name: FINKEL, ROBIN
Address: 19 PALAO RD
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete
Name: LORES, EMILE JR
Address: 3530 WIMBLEDON DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: DIMITROFF, SARAH
Address: 9120 AIRWAY DR
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: KIRSCHENFELD, TAYLOR
Address: 411 EAST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32502

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: TAYLOR KIRSCHENFELD DP 07/05/2008
Electronic Signature of Signing Officer or Director — Date