## 2007 FOR PROFIT CORPORATION

## Apr 11, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P02000083606 RE-CYCLERS DEPOT, INC. Principal Place of Business Mailing Address 19202 CLOISTER LAKE LANE 19202 CLOISTER LAKE LANE BOCA RATON, FL 33498 BOCA RATON, FL 33498 No Chg-P CR2E034 (11/05) 01172007 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 52-2371291 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POPKIN, EDWARD D PA DO NOT WRITE 5355 TOWN CENTER RD SUITE 801 IN THIS SPACE BOCA RATON, FL 33486 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 Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE DONNELLY, BEVERLY A NAME 19202 CLOISTER LAKE LANE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 TITLE U00000699972 NAME 04/19/07-80065-010 150.do STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 607, 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

4-9-01

**FILED**