

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018287

FILED
Mar 29, 2008
Secretary of State

Entity Name: FLORIDA CERTIFIED ENVIROMENTALISTS, INC.

Current Principal Place of Business:

5891 N.W. 65 TERRACE
PARKLAND, FL 33067

New Principal Place of Business:

Current Mailing Address:

5891 N.W. 65 TERRACE
PARKLAND, FL 33067

New Mailing Address:

FEI Number: 59-3768260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMANO, PETER
5891 N.W. 65 TERRACE
PARKLAND, FL 33067 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: ROMANO, PETER
Address: 5891 NW 65 TERRACE
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: ROMANO, SUSAN
Address: 5891 NW 65 TERRACE
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: EDWIN, ROSE
Address: 8975 SADDLECREEK DRIVE
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: ANDREW, STEVEN A
Address: 8926 SW 17 STREET
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER ROMANO

MD

03/29/2008

Electronic Signature of Signing Officer or Director

Date