2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# P03000069639

Entity Name: DINOSOIL REMEDIATION, INC.

Current Principal Place of Business:

2945 PARRAMORE SHORES RD
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

2945 PARRAMORE SHORES RD
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 56-2371850 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, SAM
2945 PARRAMORE SHORES RD
TALLASSEE, FL 32310 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:	P	( ) Delete
Name:	WARD, SAM	
Address:	2945 PARRAMORE SHORES RD	
City-St-Zip:	TALLAHASSEE, FL 32310	
Title:	V	( ) Delete
Name:	WARD, JESSE A	
Address:	420 WARD RD	
City-St-Zip:	EDEN, NC 27288	
Title:	ST	( ) Delete
Name:	WARD, DWIGHT	
Address:	126 SUNSET TRAIL	
City-St-Zip:	FREEPORT, FL 32439	
Title:	D	( ) Delete
Name:	WARD, SAM	
Address:	2945 PARRAMORE SH. RD.	
City-St-Zip:	TALLAHASSEE, FL 32310	

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: SAM WARD P 01/22/2009

Electronic Signature of Signing Officer or Director — Date