

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101746

FILED
Apr 30, 2007
Secretary of State

Entity Name: ENVIROPROP CORPORATION

Current Principal Place of Business:

8466 N. LOCKWOOD RIDGE ROAD
SUITE 261
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

8466 N. LOCKWOOD RIDGE ROAD
SUITE 261
SARASOTA, FL 34243 US

New Mailing Address:

FEI Number: 56-2397873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORBO, W. P.
8466 N. LOCKWOOD RIDGE ROAD
SUITE 261
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

NORMAN, D.T.
8466 N. LOCKWOOD RIDGE ROAD
SUITE 261
SARASOTA, FL 34243 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: D.T. NORMAN

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NORMAN, D.T.
Address: 8466 N LOCKWOOD RIDGE RD STE 261
City-St-Zip: SARASOTA, FL 34243

Title: STD () Delete
Name: NORMAN, D.T.
Address: 8466 N LOCKWOOD RIDGE RD STE 261
City-St-Zip: SARASOTA, FL 34243

Title: V (X) Delete
Name: SMITH, KIRKLAND
Address: 8466 N LOCKWOOD RIDGE RD STE 261
City-St-Zip: SARASOTA, FL 34243

Title: D (X) Delete
Name: SORBO, W.P.
Address: 8466 NORTH LOCKWOOD RIDGE ROAD, STE 261
City-St-Zip: SARASOTA, FL 34243

Title: D (X) Delete
Name: HILL, JAMES P
Address: 8466 N. LOCKWOOD RIDGE ROAD, STE 261
City-St-Zip: SARASOTA, FL 34243 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: KRYSOSEK, JAMES M
Address: 100 EAST CENTRAL AVENUE STE 100
City-St-Zip: ST. MICHAEL, MN 55376 US

Title: V/D (X) Change () Addition
Name: NORMAN, D.T.
Address: 8466 N LOCKWOOD RIDGE RD STE 261
City-St-Zip: SARASOTA, FL 34243 US

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: D.T. NORMAN

V/D

04/30/2007

Electronic Signature of Signing Officer or Director

Date