2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000110749

Entity Name: SOUTHEAST REMEDIATION TECHNOLOGY, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
321 NORTHLAKE BOULEVARD SUITE 210 NORTH PALM BEACH, FL 33418				321 NORTHLAKE BOULEVARD SUITE 210 NORTH PALM BEACH, FL 33408		
Current Mailing Address:				New Mailing Address:		
9590 SANDY RUN RD. BLDG. 2 JUPITER, FL 32478				321 NORTHLAKE BOULEVARD SUITE 210 NORTH PALM BEACH, FL 33408		
FEI Number:	20-1363304	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
9590 SANI BLDE. 2	ROBERT A DY RUN RD. FL 33478 US					
The above in the State		submits this statement for the pu	ırpose o	of changing its registered of	office or registered agent, or both,	
SIGNATUF	RE:					
Electronic Signature of Registered Agent					Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	LEVY, PENNY M 4788 HOLLY DF PALM BEACH G V () LEVY, DAVID J HOLLY DRIVE PALM BEACH G V () BROOKS, ROBI 9590 SANDY RI	RIVE SARDENS, FL 33418 Delete SARDENS, FL 33418 Delete ERT A JN ROAD		Name: Address: City-St-Zip: Title: (Name: Address: City-St-Zip: Title: (Name: Address:) Change () Addition) Change () Addition) Change () Addition	
City-St-Zip: Title: Name:	D () BROOKS, JACK	Delete		City-St-Zip: Title: (Name:) Change()Addition	

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.

Address:

City-St-Zip:

SIGNATURE: DAVID J. LEVY V 04/30/2009

9590 SANDY RUN ROAD

JUPITER, FL 33478 US

Address:

City-St-Zip: