2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT DOCUMENT # P03000113516

AWIENDED ARNOAL REPORT								1:00-	FILEO			
DOCUMENT # P03000113516							SECRETARY OF STATE DIVISION OF CORPORATIONS					
1. Entity Name EROSION CONTROL SYSTEMS, INC.												
EROSION CONTROL STSTEMS, INC.								97 AU	30 PM	3: 20)	
Principal Plac												
8000 SE 23 DRIVE			8000 SE 23 DRIVE									
WEBSTER, F	L 33597		WEBSTER, FL 33597									
												
2. Principal f	Place of Busin	ness - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				08272007	Chg-P	CR2E034	(12/06)		
City & State			City & State			ļ	4. FEI Numbe			<u> </u>	plied For t Applicable	
Zip		Country	Zip Country				5. Certificate of Status Desired See Required Fee Required					
6. Name and Address of Current			Registered Agent				7. Name and Address of New Registered Agent					
ELLINGSWORTH, ELAINE M						Name						
8000 SE 2		LAINE M		Street A	Street Address (P.O. Box Number is Not Acceptable)							
WEBSTER		97		-								
					City				FI I	Zip Code		
8 The share	a named see	by outtonite thin day	or the guesses of the	a desert	1	ranine	and agains bir	h in the Ct-t/ =	FL legide Leminari	•		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.												
Elling (1) 8/27/07												
SIGNATURE Signature, hyped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rainstating) DATE												
O. Floating Comparing CP 00												
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.	1_	OFFICERS ANI		11.		ורידו		CHANGES TO OF		,		
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STREET ADDRESS	(T)	C/01/2	γ		EET ADDRESS						ĺ	
CITY-ST-ZIP	42	0/51/0	(Y-ST-ZIP						<u> </u>	
12. I hereby indicated	certify that the	ne information supplied wi ort or supplemental report	th this filing does not qualify is true and accurate and that	for the ex	emptions o	ontained	d in Chapter 119 same legal effec), Florida Statutes. It as if made under	I further certify to oath; that I am a	hat the in an officer	iformation or director	
of the co	rporation or t	he receiver or trustee em address with an address	powered to execute this repo with all other like empowere	rt as read	fired by Cha	apter 607	7, Florida Statute	s; and that my nar	ne appears in Bl	ock 10 or 2	Biock 11 if	
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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 office or director of the corporation or the receiver or trustee empowered to execute this report as reported 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: SIGNATURE SIGNATURE SIGNATURE SIGNATURE Date Date Date Date Date Description of the corporation of the receiver or trustee empowered or execute this report as reported 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.												
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