2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061120

City-St-Zip:

Entity Name: ENVIRONMENTAL RESTORATION SPECIALISTS, INC.

FILED Jan 13, 2005 Secretary of State

Littly Nai	IIIE. LIVIRON	IIVILINTAL RESTORATION SF	ECIALIST	S, INC.			
Current Principal Place of Business:				New Principal Place of Business:			
10657 SE BELLEVIE	125 ST W, FL 34420						
Current Mailing Address:				New Mailing Address:			
PO BOX 1 BELLEVIE	13 W, FL 344210	113					
FEI Number: 13-4278510 FEI Number Applied For () FEI			FEI Num	Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
DUNHAM, LINDA 4407 SE 111 ST BELLEVIEW, FL 34420 US				DUNHAM, LINDA 5507 SE 111 ST BELLEVIEW, FL 34420 US			
The above in the State	named entity see of Florida.	submits this statement for the p	ourpose of	f changing it	ts registe	red office or registered agent, or both,	
SIGNATURE:				01/13/2005			
	Electron	ic Signature of Registered Age	ent			Date	
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DPT () KEITH, KARL A 10657 SE 125 S BELLEVIEW, F			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DVS () SPARKMAN, JE 10657 SE 125 S BELLEVIEW, F	ST		Title: Name: Address: City-St-Zip:	10657 SE	(X) Change()Addition AN, JERRY C : 125 ST EW, FL 34420	
Title: Name: Address:	()	Delete		Title: Name: Address:	V TUFTS, S 15785 NE	()Change(X)Addition HAUN K : 238TH STREET	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

FORT MCCOY, FL 32134 US

SIGNATURE: KARL A. KEITH P 01/13/2005