2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000024905

Entity Name: CONSERVATION RESOURCES CORPORATION

FILED Apr 17, 2009 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
|---|---|----------------------------------|----------------------|---|-----------------------------------|--------------------------------------|--|
| | | LOSS TRAIL, SUITE 210 US | | | | | |
| Current Mailing Address: | | | New Mailing Address: | | | | |
| | | LOSS TRAIL, SUITE 210 US | | | | | |
| FEI Number: 20-4368741 FEI Number Applied For () | | FEI Nun | nber Not Appl | icable () | Certificate of Status Desired () | | |
| Name and | Address of Cu | ırrent Registered Agent: | | Name and | Address of | New Registered Agent: | |
| 5104 N. OF SUITE #21 | ALAN G DR RNGE BLOSSO 0), FL 32810 US | | | | | | |
| | named entity su e of Florida. | ubmits this statement for the pu | irpose o | f changing i | ts registered | office or registered agent, or both, | |
| SIGNATUR | 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: | MCARTHY, MILL | ANGE BLOSS TRAIL, SUITE 210 | | Title: Name: Address: City-St-Zip: | MCARTHY, MI | ORANGE BLOSS TRAIL, SUITE 210 | |
| Title: Name: Address: City-St-Zip: | FICKETT, ALAN | ANGE BLOSS TRAIL, SUITE 210 | | Title: Name: Address: City-St-Zip: | FICKETT, ALA | ORANGE BLOSS TRAIL, SUITE 210 | |
| Title: Name: Address: City-St-Zip: | D () E MILLER, ALLISO 10300 BIRCH TR WINDERMERE, I | EE LANE | | Title: Name: Address: City-St-Zip: | (|) Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () E MCCARTHY, WIL 234 WALNUT ST ELMHURST, IL | LIAM S | | Title: Name: Address: City-St-Zip: | (|) Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () [MCCARTHY, LIN 6073 LEXINGTOI ORLANDO, FL 3 | N PARK | | Title: Name: Address: City-St-Zip: | (|) 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.

SIGNATURE: ALAN G FICKETT DPST 04/17/2009