

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000025070

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: POLLUTION SOLUTIONS RECOVERY, INC.

## Current Principal Place of Business:

5806 DEER TRAIL  
TITUSVILLE, FL 32780 US

## New Principal Place of Business:

730 CIDCO ROAD  
COCOA, FL 32926 US

## Current Mailing Address:

5806 DEER TRAIL  
TITUSVILLE, FL 32780 US

## New Mailing Address:

FEI Number: 20-4339794      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WINNIE, WILLIAM D  
5806 DEER TRAIL  
TITUSVILLE, FL 32780 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P D ( ) Delete  
Name: WINNIE, WILLIAM  
Address: 5806 DEER TRAIL  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: VP D ( ) Delete  
Name: MAGIDOFF, LARRY  
Address: 5806 DEER TRAIL  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: ST D ( ) Delete  
Name: MAGIDOFF, PAMELA  
Address: 5806 DEER TRAIL  
City-St-Zip: TITUSVILLE, FL 32780 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST D (X) Change ( ) Addition  
Name: MAGIDOFF, PAMELA  
Address: 5806 DEER TRAIL  
City-St-Zip: TITUSVILLE, FL 32780 US

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: PAMELA MAGIDOFF

ST

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date