2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000025669

Name:

Address: City-St-Zip: CRANE, PAOLA ANDREA

1327 AUBURN LAKES DR

ROCKLEDGE, FL 32955

Entity Name: ENVIRONMENTAL RESTORATION GROUP, INC.

FILED Mar 12, 2007 Secretary of State

The state of the s					
Current Principal Place of Business:				New Principal Place of Business:	
5130 COMMERCIAL DRIVE SUITE G MELBOURNE, FL 32940				5130 COMMERCIAL DRIVE SUITE B MELBOURNE, FL 32940	
Current Mailing Address:				New Mailing Address:	
5130 COMMERCIAL DRIVE SUITE G MELBOURNE, FL 32940				5130 COMMERCIAL DRIVE SUITE B MELBOURNE, FL 32940	
FEI Number:	20-4869441	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
CRANE, JUSTIN S 5130 COMMERCIAL DRIVE SUITE G MELBOURNE, FL 32940 US				CRANE, JUSTIN S 5130 COMMERCIAL DRIVE SUITE B MELBOURNE, FL 32940 US	
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: JUSTIN CRANE				03/12/2007	
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CRANE, JUST	LAKES DRIVE		Title: (Name: Address: City-St-Zip:) Change () Addition
Title: Name: Address: City-St-Zip:	KNIGHT, MICH	LAKES DRIVE		Title: (Name: Address: City-St-Zip:) Change () Addition
Title:	OD () Delete		Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JUSTIN CRANE PRES 03/12/2007