2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000025669

Address:

City-St-Zip:

1327 AUBURN LAKES DR

ROCKLEDGE, FL 32955

FILED Mar 12, 2008 Secretary of State

Entity Nan	ne: ENVIRO	NMENTAL RESTORATION GF	ROUP, INC.		
Current Principal Place of Business:			New Principal F	New Principal Place of Business:	
5130 COMMERCIAL DRIVE SUITE B MELBOURNE, FL 32940				1327 AUBURN LAKES DR ROCKLEDGE, FL 32955	
Current Ma	ailing Addre	ss:	New Mailing Ad	New Mailing Address:	
5130 COMMERCIAL DRIVE SUITE B MELBOURNE, FL 32940				1327 AUBURN LAKES DR ROCKLEDGE, FL 32955	
FEI Number:	20-4869441	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Addr	Name and Address of New Registered Agent:	
CRANE, JUSTIN S 5130 COMMERCIAL DRIVE SUITE B MELBOURNE, FL 32940 US			CRANE, JUSTIN 1327 AUBURN L ROCKLEDGE, F	AKES DR	
The above in the State		submits this statement for the p	ourpose of changing its regi	stered office or registered agent, or both,	
SIGNATUR	RE: JUSTIN	CRANE		03/12/2008	
Electronic Signature of Registered Agent				Date	
Election Carr	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CRANE, JUST	I LAKES DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KNIGHT, MICH	I LAKES DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	OD () CRANE, PAOL	() Delete A ANDREA	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: JUSTIN CRANE CEO 03/12/2008