## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 30, 2008 8:00 am Secretary of State

DOCUMENT # P0600037807  1. Entity Name INDIAN RIVER ENVIRONMENTAL SERVICES INC,						04-30-2008 9	_		00
	e of Business ON STREET NW L 32907	Mailing Address 1700 LAMBTON STREET N PALM BAY, FL 32907	₹₩						
			KLA	ne					
Julie Apr.	205	H 205			04222008	Chg-P	CR2E034 (		
<del></del>	urne FL	City & State MELOOURNE	FL		4. FEI Number 20-449				plied For t Applicable
3294	10 Country VSA	32940	Country USA			of Status Desired	Fee	.75 Add Require	
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent  AN KIVER KNU KONM Cartal				
CORPORATE CREATIONS NETWORK, INC.  11380 PROSPERITY FARMS ROAD #221E  PALM BEACH GARDENS, FL 33410				ddress (F		er is Not Acceptatol		en Ti	<del>7</del> 21
	· · · · · · · · · · · · · · · · · · ·		- City	#	203			<del></del>	
The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.					ON PARY ed agent, or bo	th, in the State of Fl	FL orida. I am famí	liar with,	40 and accept
SIGNATURE PRESIDENT 4/24/08  NOTE: Registered Agent signature required when reinstating)  DATE									· ———
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND D	IRECTORS	<b>11.</b>		ADDITIONS/	CHANGES TO OFF	ICERS AND DIF	RECTORS	<del>) IN</del> 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYNDMAN, GARY 1700 LAMBTON STREET NW PALM BAY, FL 32907	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	D144 401	P SDMHN TRUTTIEL BOVIENCE	GARY LAME # 2	203 2940	Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
NAME STREET ADDRESS; CITY-ST-ZIP <sup>3</sup> -1		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and faccurate and that my 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/re execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.									