2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000053848

Entity Name: ENVIRONMENTAL PROPERTY CONSULTANTS, INC.

FILED Apr 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

50044 MINT HILL CT 2574 CARTHAGE LN

TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32312 US

Current Mailing Address: New Mailing Address:

P O BOX 528 P O BOX 528

TALLAHASSEE, FL 32302 TALLAHASSEE, FL 32302 US

FEI Number: 06-1817872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCIVER, H. BRUCE MCIVER, H. BRUCE RAPD 2574 CARTHAGE LN.
TALLAHASSEE, FL 32309 US TALLAHASSEE, FL 32312 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: H. BRUCE MCIVER 04/04/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 MCIVER, H. BRUCE
 Name:
 MCIVER, H. BRUCE PD

 Address:
 P O BOX 528
 Address:
 P O BOX 1776

City-St-Zip: TALLAHASSEE, FL 32302 City-St-Zip: TALLAHASSEE, FL 32302 US

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: MCIVER, MICHAEL S VPD Name: MCIVER, MICHAEL S VPD

 Address:
 P O BOX 528
 Address:
 P O BOX 1776

 City-St-Zip:
 TALLAHASSEE, FL 32302
 City-St-Zip:
 TALLAHASSEE, FL 32302 US

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Title: VPD () Delete Title: TVPD (X) Change () Addition Name: MCIVER ATKIN, LEAH A TSDVP

Address: P O BOX 528 Address: 4004 ROSCREA DR.

City-St-Zip: TALLAHASSEE, FL 32302 City-St-Zip: TALLAHASSEE, FL 32309 US

 Title:
 () Delete
 Title:
 VP () Change (X) Addition

 Name:
 Name:
 ATKIN, J. CHRISTOPHER VP

 Address:
 4004 ROSCREA DR.

City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32309 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: H. BRUCE MCIVER PD 04/04/2008