## 2008 FOR PROFIT CORPORATION ANNUAL REPORT.

## FILED Apr 24, 2008 8:00 am Secretary of State

DOCUMENT # P07000092409  1. Entity Name CONSERVE TECH, INC.									03-31-20	9003:	2 010 ***1	50.00	
Principal Place of Business Mailing Address						<del>*</del>		1,					
421 WEST ROBINSON STREET ORLANDO, FL 32801				421 WEST ROBINSON STREET ORLANDO, FL 32801				660	07793				
2. Principal Place of Business - No P.O. Box N				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03182008	Chg-P	CR2	E034 (12/06)		
City & State				City & State				4. FEI NUME	ő 1570	7111	<del></del>	polied For ot Applicable	
Zip	Country			Zip		ountry		5. Certificate	e of Status Desire	ø 🗓	\$8.75 Add Fee Require		
	- 6. Name and Address of Current Registered Agent						_	7. Name an	d Address of Ne	w Registere	d Agent		
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E							NameGwenever L Surm — Street Address (P.O. Box Number is Not Acceptable)						
PALM BEACH GARDENS, FL 33410						42	121 W. Robinson St.						
<u> </u>		)		1		City	rla	indo	_	F	L 32	201	
The above the obligate	named editi tions of regis	y submits this statem tered agent.	ent for the p	our cose of divinging its	register	P/4°	r register	ed agent, or bo	oth, in the State of	Florida, Iai			
SIGNATURE.	Signature, typed	or premied factor of requirement		A SOULAGE UNO	E Prism	d Agent signer	UC!	When reinstating)	<u>L.Jur</u>	DATE	3.18	· <i>0</i> 0	
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campeign Financing \$5.00 May Be Added to Fees													
10.		OFFICERS	AND DIREC	CTORS	11.			ADDITIONS	/CHANGES TO C	OFFICERS AN	ND DIRECTOR	S IN 11	
TIPLE	DP CUDDY	2500055		☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS	SURRY, 0		MAME STREET ADDRESS							}			
CITY-ST-ZIP		O, FL 32801		CITY-			_					}	
TITLE						5	VP	, Tre	<u>as.</u>		Change	Addition	
NAME STREET ADDRESS		GWENEVER L T ROBINSON SYR	CCT	NA CT			Gu	<i>Jen</i> ev	er L.	Sur	7	}	
CITY-SI-ZIP		O, FL 32801				et adoress -st-zip	42	1. W. ]	Robin	900	St,		
TITLE				☐ Delete	TITLE		U	<del>lang</del>	O, FI	-37	Change	Addition	
HAME	1				NAM		[		•			_	
STREET ADDRESS CITY-ST-ZIP						E1 ADORESS • ST • ZIP							
TITLE	<u> </u>			Delete	- Title	-	<u> </u>			-	- Change ~	Addition *	
NAME CONTRACTOR	1				NAMO								
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS ST-ZIP							
TITLE NAME				Oetere	THE						Change	☐ Addition	
STREET ADDRESS	i				STREET	: Et adoress						Í	
CITY-ST-ZIP						ST-ZIP						ł	
TITLE				☐ Delete	TITLE						Change	Addition	
NAME STREET ADDRESS					NAME STREE	: Et address							
CITY-ST-ZIP						\$1 - ZIP	<u> </u>						
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 accurate and that my algorithms the same legal effect as if made under oath; that I am an officer or director of the corporation or the received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment that it is an address, with all other like empowered.													
SIGNATURE: SIGNATURE AND TYPED DIS PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR CASE  SIGNATURE AND TYPED DIS PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR  Dayoring Proving P													