



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90036 046 ***150.00

DOCUMENT # P07000109533 1. Entity Name ENVIRONMENTAL RECYCLING INTERNATIONAL CORPORATION					
Principal Place of Business 2261 IRIS WAY FORT MYERS, FL 33905 US				Mailing Address 2261 IRIS WAY FORT MYERS, FL 33905 US	
2. Principal Place of Business - No P.O. Box # P.O. Box 39 Suite, Apt. #, etc. FORT MYERS, FL City & State		3. Mailing Address P.O. Box 39 Suite, Apt. #, etc. FORT MYERS, FL 33902 City & State			
Zip 33902		Country U.S.A.		4. FEI Number 33-120 9040	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent ANDERSON, DONALD 2261 IRIS WAY FORT MYERS, FL 33905		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Donald D. Anderson</i></u> DONALD D. ANDERSON 5-16-08 <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ZDOROUSKY, PAUL J STREET ADDRESS 2261 IRIS WAY CITY-ST-ZIP FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Delete		TITLE President, Secretary NAME ZBOROVSKY, PAUL STREET ADDRESS 2261 IRIS WAY CITY-ST-ZIP FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ANDERSON, DONALD STREET ADDRESS 2261 IRIS WAY CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE Vice President, Treasurer NAME TRUST OF DONALD P. ANDERSON, TRUSTEE STREET ADDRESS 2261 IRIS WAY CITY-ST-ZIP FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Donald D. Anderson</i></u> DONALD D. ANDERSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			TRUSTEE 5-16-08 330-219 3097 <small>Date Daytime Phone #</small>		