2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 29, 2005 08:00 AM Secretary of State DOCUMENT # P40035 1. Entity Name CONSOLIDATED RESOURCE RECOVERY, INC. Mailing Address Principal Place of Business 3025 WITFIELD AVENUE 3025 WITFIELD AVENUE SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3, Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 94-3154672 Not Applicable Zip Zíp Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code Fl 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. out PD Defete រាការ Change ☐ Addition U00000203174 NAME HALWARD, DOUGLAS R NAME 01/29/05-80018-024 158.75 27715 HUNTINGTON RD RR #5 STREET ADDRESS STREET ADDRESS CITY ST-ZIP ABBOTSFORD B. CITY-ST-ZIP CD Delete TITLE Tille Change ☐ Addition NAME DARBY, JAMES E.H. STREET ADDRESS 27715 HUNTINGTON RD, RR #5 STREET ADDRESS CITY-ST-ZIP ABBOTSFORD CANADA BC vax- 1b6 CITY-ST-ZIP nuc TITLE Change Delete ☐ Addition MAME LUBBERS, STEVEN A NAME STREET ADDRESS 3025 WHITFIELD AVENUE STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP SARASOTA FL 34243-4128 DILLE Delete TITLE Change ☐ Addition PORGES, GREGORY J NAME. NAME 1205 MANATEE AVE WEST STREET ADDRESS STREET ADDRESS CHY-ST-ZIP BRADENTON FL 34205 CITY-ST-ZIP Delete THE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY-SI-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath, 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

Steven A. Lubbers

941-756-0977

Daytens Phone #

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cofelle.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR