2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2004 08:00 AM Secretary of State DOCUMENT # P93000041470 1. Entity Name ENVIRONMENTAL ASSESSMENTS & CONSULTING, INC. Mailing Address Principal Place of Business 1882 PORTER LAKE DR #105 1882 PORTER LAKE DR #105 SARASOTA, FL 34240 US SARASOTA, FL 34240 US No Chg-P CR2E034 (10/03) 03112004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0416292 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DRAKE, J. KEVIN ESQ. DO NOT WRITE 1343 MAIN STREET SUITE 204 IN THIS SPACE SARASOTA, FL 34236 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 Signature, typed or printed name of registered agont and site 3 applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000111554 Trust Fund Contribution. Added to Fees 04/13/04-80024-001 OFFICERS AND DIRECTORS 10. TITLE BRADSHAW, JOHN P NAME STREET ADDRESS 1882 PORTER LAKE DR #105 SARASOTA, FL 342407808 CITY-ST-ZIP TITLE NAME. STREET ADDRESS CATY-ST-ZIP THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE KAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

 I hereby certify that the information specified indicated on this report of supplemental report the corporation or the eceiver of fustees In this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS C/TY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED