


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90162 015 ***150.00

DOCUMENT # P94000034723	
1. Entity Name RESOURCE RECOVERY SYSTEMS OF SARASOTA, INC.	

Principal Place of Business 4700 MIDDLE ROAD SARASOTA, FL 34234	Mailing Address 25 GREENS HILL LANE RUTLAND, CT 05701 US
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14003186



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1406506	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CASELLA, JOHN W 25 GREENSHILL LANE RUTLAND, VA 05701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASELLA, DOUGLAS R 25 GREENSHILL LANE RUTLAND, VA 05701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOHLIG, JAMES W 25 GREENSHILL LANE RUTLAND, VA 05701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUFFY, SEAN 809 WEST HILL ROAD CHARLOTTE, NC 28208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NORRIS, RICHARD A 25 GREENSHILL LANE RUTLAND, VT 05701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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: John W. Casella John W. Casella 04/25/05 802-775-0325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #