## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000079505

Name:

Address:

City-St-Zip:

Entity Name: ENVIRONMENTAL AEROSCIENCE CORPORATION

FILED Feb 07, 2008 Secretary of State

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Current Principal Place of Business:	New Principal Place of Business:
7290 SW 42ND ST MIAMI, FL 33155 US	
Current Mailing Address:	New Mailing Address:
7290 SW 42ND ST MIAMI, FL 33155 US	
FEI Number: 65-0555615 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
WHITE, DANIEL T ESQ 1304 N.W. 98TH TERRACE GAINESVILLE, FL 32606 US	
The above named entity submits this statement for the purpin the State of Florida.	cose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title:         PSD ( ) Delete           Name:         KLINE, KOREY R           Address:         7290 SW 42ND ST           City-St-Zip:         MIAMI, FL 33155 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: ( ) Delete Name: Address: City-St-Zip:	Title: CEO ( ) Change (X) Addition Name: SMITH, KEVIN W Address: 570 ARVIDA PARKWAY City-St-Zip: CORAL GABLES, FL 33156 US
Title: ( ) Delete Name: Address: City-St-Zip:	Title: CFO ( ) Change (X) Addition Name: BALES, THOMAS O Address: 9151 ARVIDA LANE City-St-Zip: CORAL GABLES, FL 33156 US
Title: ( ) Delete Name: Address: City-St-Zip:	Title: DIR ( ) Change (X) Addition Name: PALMER, MATTHEW A Address: 12790 SW 64 COURT City-St-Zip: PINECREST, FL 33156 US
Title: ( ) Delete	Title: DIR ( ) Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

DEVILLE, DEREK D

CORAL GABLES, FL 33156 US

5500 OAK LANE

SIGNATURE: KOREY R. KLINE PSD 02/07/2008