

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068205

FILED
Mar 26, 2009
Secretary of State

Entity Name: GETTING GREEN PLANT SERVICE, INC.

Current Principal Place of Business:

7000 SW 148 AVE.
FORT LAUDERDALE, FL 33330

New Principal Place of Business:

7000 SW 148 AVE.
SOUTHWEST RANCHES, FL 33330

Current Mailing Address:

P.O. BOX 840107
PEMBROKE PINES, FL 33084 US

New Mailing Address:

FEI Number: 65-0854559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOELSON, ROBERT
13174 SPRING LAKE DR.
COOPER CITY, FL 33330 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: SHOELSON, ROBERT A
Address: 13174 SPRING LAKE DR.
City-St-Zip: COOPER CITY, FL 33330

Title: D () Delete
Name: SHOELSON, RENEE
Address: 13174 SPRING LAKE DR.
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ROBERT SHOELSON

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date