

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # S39045

1. Entity Name

ENVIRONEERS, INC.

Principal Place of Business

5373 FRUITVILLE RD
1515 VEREDA VERDE
SARASOTA FL 34232
US

Mailing Address

5373 FRUITVILLE RD
SARASOTA FL 34232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0252616

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

KROTEC, JOHN T.
1515 VEREDA VERDE
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

P

NAME

KROTEC, JOHN T

STREET ADDRESS

1515 VEREDA VERDE

CITY - ST - ZIP

SARASOTA FL 34232

Delete

TITLE

VP

NAME

KROTEC, ANN

STREET ADDRESS

1515 VEREDA VERDE

CITY - ST - ZIP

SARASOTA FL 34232

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 T. Krotec

4/22/08

(941)371-6208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #