2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 24, 2007 08:00 All Secretary of State DOCUMENT # \$39045 ENVIRONEERS, INC. Principal Place of Business Mailing Address 5373 FRUITVILLE RD 5373 FRUITVILLE RD 1515 VEREDA VERDE SARASOTA FL 34232 SARASOTA FL 34232 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0252616 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KROTEC, JOHN T. Street Address (P.O. Box Number is Not Acceptable) 1515 VEREDA VERDE SARASOTA FL 34232 City 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 it applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TETLE Detele Change Addition TITLE KROTEC, JOHN T NAME NAME U00000727842 05/04/07-80064-013 150.00 1515 VEREDA VERDE STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE Delete INLE ■ Add!tion ☐ Change KROTEC, ANN MAM NAME 1515 VÉREDA VERDE STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP Title Dalete 🗀 TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZiP CITY - ST - ZIP BILLE Delete THEF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-S1-ZIP шь ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete MILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - S1- ZIP

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 logal offect as if made under eath; 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED