2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V06562

FUHR, JOSEPH

12103 SNEAD PL.

TAMPA, FL 33624

Name:

Address:

City-St-Zip:

Entity Name: ENVIRO-LOGICAL SOLUTIONS, INC.

FILED Feb 18, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|---|---------------------------------|---|--|
| 125 W COUNRY CLUB RD. TAMPA, FL 33612 US | | | 125 W COUNRY CLUB DRIVE TAMPA, FL 33612 US | |
| Current Mailing Address: | | | New Mailing Address: | |
| 125 W COUNRY CLUB RD. TAMPA, FL 33612 US | | | 125 W COUNRY CLUB DRIVE TAMPA, FL 33612 US | |
| FEI Number: | 59-3102884 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| 6021 HAMN ODESSA, F | named entity | US | ourpose of changing its register | red office or registered agent, or both, |
| SIGNATUR | | | | |
| Electronic Signature of Registered Age | | | ent | Date |
| Election Carr | npaign Financir | ng Trust Fund Contribution (). | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | |
| Title: Name: Address: City-St-Zip: | TROUTMAN, I | CK WOODS DR | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | VP (SENAPATI, KI 9510 NORCHI TAMPA, FL 3: | ESTER CIR | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | VP (COOK, THOM 18913 MERRY LUTZ, FL 335 | / LANE | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: | VP (|) Delete | Title: | () Change () 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:

SIGNATURE: DAVID E. TROUTMAN PRES 02/18/2009