## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V25594

FILED Feb 12, 2008 Secretary of State

Entity Name: CRB GEOLOGICAL & ENVIRONMENTAL SERVICES, INC.

urrent P	rincipal Place	of Business:	New Principal Place	of Business:
	CE DE LEON I ABLES, FL 33			
urrent N	lailing Addres	ss:	New Mailing Addres	s:
	CE DE LEON I ABLES, FL 33			
El Number	: 65-0324398	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
573 PON	R, FREDERICH CE DE LEON I ABLES, FL 33	BLVD		
	named entity se of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
n the State	e of Florida. ´ RE:	submits this statement for the lateral state		ed office or registered agent, or both,  Date
n the State	e of Florida. <sup>*</sup> RE: <u> </u>			
n the State	e of Florida. <sup>*</sup> RE: <u> </u>	nic Signature of Registered Ag	ent	
n the State	e of Florida.  RE: Electror  mpaign Financing  S AND DIREC	nic Signature of Registered Agg Trust Fund Contribution ( ). TORS:  Delete EDERICK R,	ent	Date
n the State SIGNATUI SIEction Car DFFICER: ittle: lame: ddress:	e of Florida.  RE: Electror  mpaign Financing  S AND DIREC  D ()  BADDOUR, FR 6490 SW 122 S  MIAMI, FL 331	nic Signature of Registered Ag  g Trust Fund Contribution ( ).  TORS:  Delete EDERICK R,  Torion  Delete NETTE C,	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: ANNETTE C BADDOUR D 02/12/2008