

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001252

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: FOCUS ENVIRONMENTAL, INC.

**Current Principal Place of Business:**

9050 EXECUTIVE PK DR - STE A202  
KNOXVILLE, TN 37923

**New Principal Place of Business:**

**Current Mailing Address:**

9050 EXECUTIVE PK DR - STE A202  
KNOXVILLE, TN 37923

**New Mailing Address:**

FEI Number: 62-1376541      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 E PARK AVE  
TALLAHASSEE, FL 32301      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: CEOD ( ) Delete  
Name: EICHER, ANTHONY R  
Address: 9050 EXECUTIVE PK DR - STE A202  
City-St-Zip: KNOXVILLE, TN 37923

Title: PD ( ) Delete  
Name: TROXLER, WILLIAM L  
Address: 9050 EXECUTIVE PK DR - STE A202  
City-St-Zip: KNOXVILLE, TN 37923

Title: VPSD ( ) Delete  
Name: WALKER, MARK H  
Address: 9050 EXECUTIVE PK DR - STE A202  
City-St-Zip: KNOXVILLE, TN 37923

Title: VPTD ( ) Delete  
Name: PITTS, DAVID M  
Address: 9050 EXECUTIVE PK DR - STE A202  
City-St-Zip: KNOXVILLE, TN 37923

Title: D ( ) Delete  
Name: SADLER, PAUL A  
Address: 9050 EXECUTIVE PK DR - STE A202  
City-St-Zip: KNOXVILLE, TN 37923

Title: D ( ) Delete  
Name: BUSMANN, THOMAS G  
Address: 9050 EXECUTIVE PK DR - STE A202  
City-St-Zip: KNOXVILLE, TN 37923

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: DANA S. BABB

OM

01/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date