
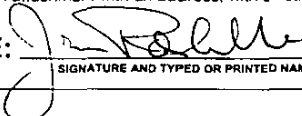


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90051 024 ***150.00

DOCUMENT # F04000007298					
1. Entity Name BULLS EYE ENVIRONMENTAL, INC.					
Principal Place of Business 7100 N. RADCLIFFE STR. #101-A BRISTOL, PA 19007			Mailing Address P.O. BOX 1626 TULLYTOWN, PA 19007		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AGENTS AND CORPORATIONS, INC. 773 4TH AVE. NORTH SUITE E NAPLES, FL 34102				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSELLI, JOHN		NAME		
STREET ADDRESS	1834 MORGAN LANE		STREET ADDRESS		
CITY-ST-ZIP	COLLEGEVILLE, PA 19426		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHNEIDER, JAMES		NAME	Vice President	
STREET ADDRESS	6 TUDOR LN.		STREET ADDRESS	Stephen Hnasser	
CITY-ST-ZIP	MOORESTOWN, NJ 08057		CITY-ST-ZIP	2758 12 Horseshoe Ln.	
TITLE	S	<input type="checkbox"/> Delete	TITLE	Mullica Hill, NJ 08062	
NAME	O'NEILL, GROVER JR.		NAME		
STREET ADDRESS	30 ROCKEFELLER PLAZA ROOM 5432		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10112		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETIT, ROBERT W		NAME		
STREET ADDRESS	30 ROCKEFELLER PLAZA ROOM 5432		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10112		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NASH, CLAUDE		NAME		
STREET ADDRESS	30 ROCKEFELLER PLAZA ROOM 5432		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10112		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		1/25/06		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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01052006 Chg-P CR2E034 (11/05)

4. FEI Number 23-2655395 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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