

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G32453

FILED
Jan 11, 2006
Secretary of State

Entity Name: HULETT ENVIRONMENTAL SERVICES, INC.

Current Principal Place of Business:

% TIMOTHY M. HULETT
7670 OKEECHOBEE BLVD.
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 220928
WEST PALM BEACH, FL 334220928 US

New Mailing Address:

FEI Number: 59-2282352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURD, HORVATH & ROSS PA
8295 N. MILITARY TRAIL
PALM BCH GARDENS, FL 33410 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: PD () Delete
Name: HULETT, TIMOTHY M
Address: 108 BLOOMFIELD DRIVE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: ST () Delete
Name: HULETT, ELIZABETH B
Address: 108 BLOOMFIELD DRIVE
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ELIZABETH B. HULETT

ST

01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date