2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000064208

1. Entity Name

APPLIED ENVIRONMENTAL HEALTH & SAFETY, INC.



Principal Place of Business

. .

1743 WIND DRIFT RD. ORLANDO, FL 32809 Mailing Address

1743 WIND DRIFT ROAD ORLANDO, FL 32809



03052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3659521

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, TOM 1743 WIND DRIFT ROAD ORLANDO, FL 32809

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	named entity submits this statement for the ptions of registered agent.	ourpose of changing its register	ed office or i	egistered agent, or bo	ith, in the State of Florida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable (NOTE, Registere	d Agent signaturi	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		U00000673570 03/29/07-80033-023	150.00	
10.	OFFICERS AND DIREC	CTORS	J			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MURRAY, TOM 1743 WIND DRIFT ROAD ORLANDO, FL 32806					
TITLE NAME STREET ADDRESS CHY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE						

12. Thereby 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 tike empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

3/12/07 (407)888-2285