

FILED
Jun 12, 2007 8:00 am
Secretary of State


2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/1:

05-18-2007 90019 036 ***150.00

DOCUMENT # P05000151693

1. Entity Name
SOUTHEAST DEBRIS REMOVAL, INC.



Principal Place of Business Mailing Address
2659 BROCKSMITH ROAD 2659 BROCKSMITH ROAD
FT. PIERCE, FL 34945 US FT. PIERCE, FL 34945 US

66018912



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

05032007 Chg-P CR2E034 (12/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number
83-0445703 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
RIDOLFO, PHILLIP T JR.
ONE N. CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
 Name
PHILLIP T. RIDOLEO, JR.
 Street Address (P.O. Box Number is Not Acceptable)
1300 N. FLORIDA MANGO RD.
Suite 15
 City
WEST PALM BEACH FL Zip Code
33409

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:  **DONALD C. DUNCAN, PRESIDENT** **5/3/07**
Signature, typed or in free-form of registered agent and state if applicable. (NOTE: Registered Agent signature required when verifying.) DATE

PLEASE SEE ATTACHED FILE NOW!!! FEE IS \$350.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, P DUNCAN, DONALD C 2659 BROCKSMITH ROAD FT. PIERCE, FL 34945	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **6/6/07** **772-310-7437**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Donald C. Duncan, President