2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000441

Entity Name: ENVIROKARE TECH, INC.

FILED Jan 26, 2005 Secretary of State

		New Principal Place	New Painting I Plant of Puntons		
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
5850 T.G. L SUITE 535 ORLANDO,					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
5850 T.G. L SUITE 535 ORLANDO,					
FEI Number: 8	88-0412549	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KAZANTZIS, GEORGE COO 5850 T.G. LEE BLVD SUITE 535 ORLANDO, FL 32822 US					
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:					
	Electron	nic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CBD (PAPPAS, NICH 44 87TH STRE BROOKLYN, N	ET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P/D (VERBICKY, JO 5850 TG LEE E ORLANDO, FL	BLVD, STE 535	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KAZANTZIS, G) Delete EORGE COO/D BLVD, STE 535 32822	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:		CZ, WALTER D BLVD, STE 535	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COOK, GARY	BLVD, STE 535	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PAPPAS, STEV	BLVD, STE 535	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GEORGE KAZANTZIS COOD 01/26/2005