2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099250

Entity Name: DELTA DADE RECYCLING CORP.

FILED Apr 18, 2006 Secretary of State

		Nov. Drine	inal Diago of Business	
Current Principal Place of Business:			New Princi	ipal Place of Business:
15880 N. GREENWAY-HAYDEN LOOP STE 100 SCOTTSDALE, AZ 85260				
Current Mailing Address:			New Mailing Address:	
15880 N. GREENWAY-HAYDEN LOOP STE 100 SCOTTSDALE, AZ 85260				
FEI Number: 65-1048925		FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 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:				
	Electronic	Signature of Registered Agent		Date
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO				
Title: Name: Address: City-St-Zip: Title:	BROTHERTON, 1 323 MARBLE MIL MARIETTA, GA		Title: Name: Address: City-St-Zip: Title:	PRES (X) Change () Addition MCNULTY, PATRICK PRES 15880 N. GREENWAY-HAYDEN LOOP SCOTTSDALE, AZ 85260 T/D (X) Change () Addition
Name: Address: City-St-Zip:	DEMARCO, MICH 3840NW 37TH C MIAMI, FL 33142	OURT	Name: Address: City-St-Zip:	BURNETT, MICHAEL S TREAS&D 15880 N. GREENWAY-HAYDEN LOOP SCOTTSDALE, AZ 85260
	HELM, STEVEN I	WAY-HAYDEN LOOP, STE 100	Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition WHITE, JO LYNN SEC 15880 N GREENWAY-HAYDEN LOOP, STE 100 SCOTTSDALE, AZ 85260
Title: Name: Address: City-St-Zip:	VP () E PARKER, DALE I 15880 N GREEN SCOTTSDALE, A	L VP WAY-HAYDEN LOOP, STE 100	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	WHITE, JO L SE	IWAY-HAYDEN LOOP #100	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	MARTIN, THOMA	IWAY-HAYDEN LOOP #100	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 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: AMY EHNES POA 04/18/2006