

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00**  
**Secretary of State**

DOCUMENT # P96000025614	
1. Entity Name PRO DISPOSAL, INC.	

Principal Place of Business 1122 INTERNATIONAL BLVD STE 601 BURLINGTON ONTARIO L71 6Z8, CAN OC	Mailing Address 1122 INTERNATIONAL BLVD STE 601 BURLINGTON ONTARIO L71 6Z8, CAN OC
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01222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0654724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILCOX, CHARLES A 5002 T-REX AVE., STE. 200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CAIRNS, IVAN R 1122 INTERNATIONAL BLVD., STE. 601 BURLINGTON ON L7L 6Z8, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCASH, SHAWN 5002 T-REX AVE., STE. 200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOEBEL, BRIAN A 5002 T-REX AVE., STE. 200 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000652150  
 03/12/07-80007-002 150.00

**DO NOT WRITE IN THIS SPACE**

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:

*Ivan R Cairns*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVAN R. CAIRNS - VP & Secretary Feb. 28, 2007

Date

805-319-1237  
 Daytime Phone