


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 481396 1. Entity Name ENVIRONMENTAL WASTE CONTROL, INC.	
----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 18812 CRESCENT RD. ODESSA, FL 33556	Mailing Address 18812 CRESCENT RD. ODESSA, FL 33556
-------------------------------------------------------------------------------	-------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PETERSON, T.A. 18812 CRESCENT RD. ODESSA, FL 33556	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE **1/12/06**

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	101
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, JAMES H. 26307 MOUNTAIN LAKE RD. BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETERSON, WILLIAM R. JR. 16309 MCGLAMERY RD. ODESSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERSON, THOMAS A. 18812 CRESCENT RD. ODESSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

1100000383101
01/12/06-80039-017 150.00

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:  **Thomas A. Peterson** **1-9-06** **277-325 5722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #