


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90149 038 ***150.00

DOCUMENT # 637165	
1. Entity Name D.M.S. ENVIRONMENTAL, INC.	

Principal Place of Business 389 POLITE DR ENTERPRISE, FL 32725 US	Mailing Address PO BOX 4293 ENTERPRISE, FL 32725
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04072005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1944196	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SENICK, DONNA C 389 POLITE DRIVE ENTERPRISE, FL 32725		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 re-registering)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	TITLE	VD
NAME	GARRETT, GEORGE E.	NAME	COUSIN, DAVID C.
STREET ADDRESS	5104 N. ORANGE BLOSSOM	STREET ADDRESS	12 LONBOUDERRY DR.
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	PALM COAST, FL
TITLE	VD	TITLE	
NAME	SENICK, WILLIAM J.	NAME	
STREET ADDRESS	389 POLITE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ENTERPRISE, FL	CITY-ST-ZIP	
TITLE	PT	TITLE	
NAME	SENICK, DONNA C	NAME	
STREET ADDRESS	389 POLITE DR	STREET ADDRESS	
CITY-ST-ZIP	ENTERPRISE, FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	WILLIAM J. SENICK	04-06-05	386-574-6725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #