2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000041

City-St-Zip:

City-St-Zip:

Title:

Name: Address: NORCROSS, GA 30071

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FILED Apr 04, 2007 Secretary of State

Entity Nar	ne: WHEEL	ABRATOR AIR POLL	UTION CONTROL	, INC.			
Current Principal Place of Business:				New Principal Place of Business:			
	HFIELD STRE RGH, PA 152						
Current Mailing Address:				New Mailing Address:			
441 SMITH PITTSBUR	IFIELD STRE PGH, PA 152	EET 22					
FEI Number:	06-1566213	FEI Number Applied	For () FEI Nui	mber Not Appli	cable ()	Certificate of Status Desire	d()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 SOU ¹	ORATION S' TH PINE ISL ON, FL 3332	AND ROAD					
	named entity of Florida.	submits this stateme	nt for the purpose o	of changing it	s registered	d office or registered agent,	or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financi	ng Trust Fund Contributi	on ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P (DOVALE, AN' 441 SMITHFII PITTSBURGH	ELD STREET		Title: Name: Address: City-St-Zip:	PHILIPS, PE 441 SMITHF	(X) Change ()Addition TER IELD STREET H, PA 15222	
Title: Name: Address: City-St-Zip:	D (VARNER, LEG 2225 SKYLAN NORCROSS,	ID COURT		Title: Name: Address: City-St-Zip:	EVANS, PAT 441 SMITHF	(X) Change ()Addition RICIA IELD STREET H, PA 15222	
Title: Name: Address:	VPST (FERGUSON, 2225 SKYLAN			Title: Name: Address:	GOTLIFFE, A	(X) Change()Addition ALAN AVENUE SOUTH	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ISELIN, NJ 08830

ZALTSBERG, LOUIS

4400 ALAFAYA TRAIL ORLANDO, FL 32826

() Change (X) Addition

SIGNATURE: ALAN GOTLIFFE AS 04/04/2007