


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 16 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # F02000005919</b> 1. Entry Name <b>ECODESOLUTIONS, INC.</b>					
Principal Place of Business <b>ONE HEALTHSOUTH PARKWAY BIRMINGHAM, FL 35243</b>			Mailing Address <b>P.O. BOX 380546 BIRMINGHAM, AL 35238</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> Zip Code	
8. The above named entry 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				600075648616 06/01/06--01039--001 *\$26900.00 DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)		
TITLE	CD		TITLE	CPD <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, JOEL C <input checked="" type="checkbox"/> Delete		NAME	Jay Grinnley	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	One Healthsouth Pkwy	
CITY - ST - ZIP	BIRMINGHAM, FL 35243		CITY - ST - ZIP	Birmingham, AL 35243	
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAY, ROBERT P		NAME	James McAndrews	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	One Healthsouth Pkwy	
CITY - ST - ZIP	BIRMINGHAM, FL 35243		CITY - ST - ZIP	Birmingham AL 35243	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOODY, GREGORY L		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS		
CITY - ST - ZIP	BIRMINGHAM, FL 35243		CITY - ST - ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TAYLOR, LARRY D		NAME	Mark Toerr	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	One Healthsouth Pkwy	
CITY - ST - ZIP	BIRMINGHAM, FL 35243		CITY - ST - ZIP	Birmingham AL 35243	
TITLE	VT <input checked="" type="checkbox"/> Delete		TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SANSONE, GUY		NAME	Diana Munson	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS	One Healthsouth Pkwy	
CITY - ST - ZIP	BIRMINGHAM, FL 35243		CITY - ST - ZIP	Birmingham AL 35243	
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENKE, BRIAN M		NAME		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		STREET ADDRESS		
CITY - ST - ZIP	BIRMINGHAM, AL 35243		CITY - ST - ZIP		
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					



04282006 Chg-P CR2E034 (11/05) 06

4. FEI Number 71-0923682 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

600075648616  
 06/01/06--01039--001 \*\$26900.00  
 DATE

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

TITLE	NAME	Delete
CD	GORDON, JOEL C	<input checked="" type="checkbox"/>
PD	MAY, ROBERT P	<input checked="" type="checkbox"/>
S	DOODY, GREGORY L	<input type="checkbox"/>
V	TAYLOR, LARRY D	<input checked="" type="checkbox"/>
VT	SANSONE, GUY	<input checked="" type="checkbox"/>
V	MENKE, BRIAN M	<input type="checkbox"/>

TITLE	NAME	Change	Addition
CPD	Jay Grinnley	<input type="checkbox"/>	<input type="checkbox"/>
V	James McAndrews	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Mark Toerr	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Diana Munson	<input type="checkbox"/>	<input checked="" type="checkbox"/>