2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000006090

Entity Name: WHEELIE BIN CLEANING SERVICE, INC.

FILED Nov 30, 2005 Secretary of State

			(102, 1140.				
Current Principal Place of Business:				New Principal Place of Business:			
1209 ORANGE STREET WILMINGTON, DE 19801				3011 NORTH STEWART STREET KISSIMMEE, FL 34746 US			
Current Mailing Address:				New Mailing Address:			
	IGE STREET ON, DE 19801				TH STEWART E, FL 34746	STREET US	
FEI Number:	98-0444836	FEI Number Applied F	or () FEI Nun	nber Not Appli	cable ()	Certificate of Status	Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US				EVANS, TRACY L MRS 3011 NORTH STEWART STREET KISSIMMEE, FL 34746 US			
The above in the State	named entity su of Florida.	ıbmits this statemen	t for the purpose o	f changing its	s registered of	fice or registered	agent, or both,
SIGNATUR	E: TRACY EV	'ANS				11/30/2005	
	Electronic	Signature of Regis	tered Agent			Date	
		2)(b), F.S., the corpora Trust Fund Contributio		he prior notice).		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CP ()[LLOYD, KEVYN I 1 SAMIAN CRES FOLKESTONE, C	CENT		Title: Name: Address: City-St-Zip:	P (X) LLOYD, KEVYN 411 OAKPOINTE DAVENPORT, F	E CIRCLE	
Title: Name: Address: City-St-Zip:	LLOYD, GARETH 16 HEOL-Y-BRY		UK	Title: Name: Address: City-St-Zip:	EVANS, TRACY	TEWART STREET	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	DD () BASS, CHERYL 411 OAKPOINTE DAVENPORT, F	ECIRCLE	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	DO () LLOYD, GARET 411 OAKPOINTE DAVENPORT, F	E CIRCLE	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	DO () EVANS, JAMES 411 OAKPOINTE DAVENPORT, F	E CIRCLE	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: KEVYN LLOYD P 11/30/2005