2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005594

314 BRISTOL DRIVE

CHATHAM, IL 62629

Address: City-St-Zip:

FILED Jan 27, 2006 Secretary of State

| Entity Name: OCCUPATIONAL ENVIRONMENTAL HEALTH SOLUTIONS, INC. | | | | | | | |
|--|--|-----------------------------------|---|--|----------------------------------|-------|--|
| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | | |
| 314 BRISTO CHATHAM | | | | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | | |
| 314 BRISTOL DRIVE CHATHAM, IL 62629 | | | | | | | |
| FEI Number: | 37-1395539 | FEI Number Applied For () | FEI Number Not Appl | icable () | Certificate of Status Desired (|) | |
| Name and Address of Current Registered Agent: | | | Name and | Name and Address of New Registered Agent: | | | |
| HELMICH, KEVIN M ESQUIRE 4481 LEGENDARY DRIVE, SUITE 200 DESTIN, FL 32541 US | | | 4481 LEGÉ SUITE 200 | HELMICH, KEVIN M ESQUIRE 4481 LEGENDARY DRIVE SUITE 200 DESTIN, FL 32541 US | | | |
| The above in the State | | submits this statement for the pu | rpose of changing i | ts registered o | office or registered agent, or b | ooth, | |
| SIGNATUR | E: KEVIN M | 1. HELMICH | | 01/27/2006 | | | |
| | Electro | nic Signature of Registered Ager | nt | | Date | | |
| Election Campaign Financing Trust Fund Contribution (). | | | | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | CDP (BARNES, JAW 314 BRISTOL CHATHAM, IL | DRIVE | Title: Name: Address: City-St-Zip: | (|) Change()Addition | | |
| Title: Name: Address: City-St-Zip: | DS (BARNES, JAW 800 KIRKWOO SPRINGFIELD | DD, APT. #3 | Title: Name: Address: City-St-Zip: | DS (X BARNES, JAM 314 BRISTOL CHATHAM, IL | DRIVE | | |
| Title: Name: | DT (BARNES, BEV |) Delete ERLY K | Title: Name: | (|) Change () Addition | | |

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.

Address:

City-St-Zip:

SIGNATURE: JAMES D. BARNES, JR. PD 01/27/2006