

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90419 026 ***150.00

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1. Entity Name

SUMMIT ENVIROSOLUTIONS, INC.



Principal Place of Business

1217 BANDANA BLVD N.
ST. PAUL, MN 55108

Mailing Address

1217 BANDANA BLVD N.
ST. PAUL, MN 55108

DO NOT WRITE IN THIS SPACE



03232006 No Chg-P CR2E034 (11/05)

4. FEI Number

41-1667349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE (\$150.00)
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	DUSTMAN, JOHN E
STREET ADDRESS	1217 BANDANA BLVD. NORTH
CITY-ST-ZIP	ST. PAUL, MN 55108
TITLE	VICE PRESIDENT / SECRETARY
NAME	BRUCE JOHNSON
STREET ADDRESS	1217 BANDANA BLVD N.
CITY-ST-ZIP	ST. PAUL MN 55108
TITLE	TREASURER
NAME	KEVIN MCCLARTON
STREET ADDRESS	1217 BANDANA BLVD N.
CITY-ST-ZIP	ST. PAUL MN 55108
TITLE	DIRECTOR
NAME	KATHY TAMAN
STREET ADDRESS	813 N PLAZA ST.
CITY-ST-ZIP	CARSON CITY NV 89701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Kevin McClarton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin McClarton 3-23-06 651-842-4218
Date Daytime Phone