
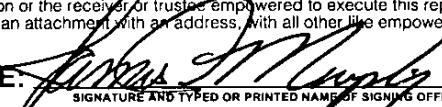


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90005 011 ***150.00

DOCUMENT # F98000006869					
1. Entity Name WASTE TO ENERGY, INC.					
Principal Place of Business P.O. BOX 1178 SLOCOMB, AL 36375			Mailing Address P.O. BOX 1178 SLOCOMB, AL 36375		
2. Principal Place of Business - No P.O. Box # 277 New Hinson Rd.			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Slocomb, AL			City & State		
Zip 36375	Country USA	Zip	Country	4. FEI Number 63-1075276	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FORSTER, GARY A ESQ. POHL & SHORT, P.A. 280 W. CANTON AVE., STE. 410 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MURPHY, JAMES D RT. 3, NEW HINSON RD. SLOCOMB, AL 36375	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	277 New Hinson Rd. Slocomb, AL 36375	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS MURPHY, WANDA L RT. 3, NEW HINSON RD. SLOCOMB, AL 36375	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	277 New Hinson Rd. Slocomb, AL 36375	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			1/31/07 334-886-3145		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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