


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90016 001 ***158.75

DOCUMENT # H62420 1. Entity Name SDI ENVIRONMENTAL SERVICES, INC.	
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Principal Place of Business 13911 N. DALE MABRY SUITE 201 TAMPA, FL 33618	Mailing Address 13911 N. DALE MABRY SUITE 201 TAMPA, FL 33618
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40005100



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 3903 Premier North Dr	3. Mailing Address Suite, Apt. #, etc. 3903 Premier North Dr
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01032007 Chg-P CR2E034 (12/06)

City & State Tampa FL	City & State Tampa FL
Zip 33618	Zip 33618
Country USA	Country USA

4. FEI Number 59-2543820	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVIS, PHILLIP R 13911 N. DALE MABRY SUITE 201 TAMPA, FL 33618
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3903 Premier North Dr City Tampa FL Zip Code 33618
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, PHILLIP R 13911 N. DALE MABRY, #201 TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3903 Premier North Dr Tampa FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JONAS, CATHLEEN B 13911 N. DALE MABRY #201 TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3903 Premier North Dr Tampa FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALMER, JOHN E 13911 N. DALE MABRY #201 TAMPA, FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3903 Premier North Dr Tampa FL 33618
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: 	1-22-07 813-961-1935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #