

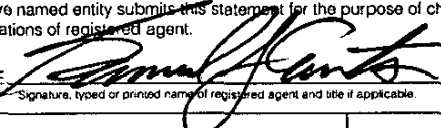
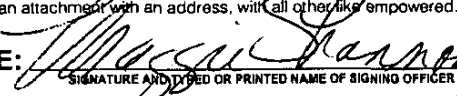


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90055 037 ***150.00

DOCUMENT # H89247 1. Entity Name SUNBELT ENVIRONMENTAL CORPORATION					
Principal Place of Business 6700 BROKEN SOUND PKWY NW STE 200 BOCA RATON, FL 33487 US			Mailing Address 6700 BROKEN SOUND PKWY NW STE 200 BOCA RATON, FL 33487 US		
2. Principal Place of Business 2499 Glades Road Suite, Apt. #, etc. #210		3. Mailing Address 2499 Glades Road Suite, Apt. #, etc. #210		40014738 	
City & State Boca Raton, FL Zip 33431		City & State Boca Raton, FL Zip 33431		4. FEI Number 59-2668077	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANTOR, SAMUEL J 6700 BROKEN SOUND PKWY STE 200 BOCA RATON, FL 33486				7. Name and Address of New Registered Agent Name: Samuel J. Cantor Street Address (P.O. Box Number is Not Acceptable) 2499 Glades Road Suite 210 City: Boca Raton FL Zip Code 33431	
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: 2/13/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PVS SHANNON, MAGGIE 3885 ST JAMES WAY BOCA RATON, FL	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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:  Maggie Shannon, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/13/06		Daytime Phone # 561-982-9555