## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J53932

Entity Name: KING ENVIRONMENTAL INC.

FILED Jan 16, 2008 Secretary of State

Littly Nai	ille. Kilvo El	IVIRONIVILITAL, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
4921 MEM	ORIAL HIGH	WAY		
SUITE 300 TAMPA, FI	) L 336347520	US		
Current Mailing Address:			New Mailing Address:	
4921 MEMORIAL HIGHWAY				
SUITE 300				
FEI Number:	: 59-2760626	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
Name and	Address of	Current Registered Agent:	Name and Address o	of New Registered Agent:
	D, JAMES A 1 MORIAL HIG L 33634 L	TD HWAY, STE 300 IS		
	named entity of Florida	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
SIGNATUR	RE:			
		onic Signature of Registered Ag	ent	Date
Election Car	npaign Financii	ng Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	FARMER, ED	IAL HWY, STE 300	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ORCHARD, J	IAL HWY STE, 300	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	APPENZELLÈ	IAL HWY STE, 300	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	O'CONNOR, T	IAL HWY STE, 300	Title: Name: Address: City-St-Zip:	() Change () Addition
Title <sup>.</sup>	CEO (	X) Delete	Title·	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES A. ORCHARD TD 01/16/2008

ORCHARD, JAMES A

TAMPA, FL 33634

4921 MEMORIALN HWY STE 300

Name:

Address:

City-St-Zip: