2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J76899

- 1. Entity Name
- A. AARON'S ENVIROMENTAL SERVICES. INC.



Principal Place of Business

3102 PALM DRIVE DELRAY BEACH, FL 33483

DELRAY BCH., FL 33483

Mailing Address

3102 PALM DRIVE DELRAY BEACH, FL 33483

FILED Jan 25, 2006 8:00 am Secretary of State

01-25-2006 90029 027 ***150.00

DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-2822069 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

WARD, CHRISTOPHER T. 3102 PALM DR.

6. Name and Address of Current Registered Agent

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 IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY ST-ZIP	P WARD, CHRISTOPHER T. 3102 PALM DR. DELRAY BEACH, FL	CTORS			
HILE NAME STREET ADDRESS CITY ST- ZIP					
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY ST ZIP					
HITLE NAME STREET AUDRESS CHY ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby 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 local effect as it made under early that I am an effect as it is not a under early that I am an effect a					

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. CHRISTOPHER T. WARD

SIGNATURE:

- PRES: DENT -D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

734-9047