

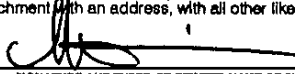


**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # J93851</b> 1. Entity Name <b>SEAGULL ENVIRONMENTAL MANAGEMENT COMPANY, INC.</b>		
Principal Place of Business <b>900 NW 5TH AVE FT. LAUDERDALE, FL 33311</b>		Mailing Address <b>900 NW 5TH AVE FT. LAUDERDALE, FL 33311</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 02162007 No Chg-P CR2E034 (11/05)
4. FEI Number <b>65-0057676</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>STUMP, JAMES F. 900 N. W. FIFTH AVE. FT. LAUDERDALE, FL 33311</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  000000645216 03/02/07-80075-006 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUMP, JAMES F. 900 NW 5TH AVE FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNICK, MARK 900 NW 5TH AVE FT. LAUDERDALE, FL	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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:  <b>2/20/07</b> <b>888 966 9933</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		