2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L21448

FILED Mar 06, 2007 Secretary of State

Entity Name: YOUR ENVIRONMENTS SOLUTION, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O KIMBERLY J. LOSTETTER 5823 26TH STREET WEST BRADENTON, FL 34207 **Current Mailing Address: New Mailing Address:** C/O KIMBERLY J. LOSTETTER 5823 26TH STREET WEST BRADENTON, FL 34207 FEI Number: 65-0015094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOSTETTER, KIMBERLEY J. LOSTETTER, KIMBERLY J. 382 MOFFAT LOOP 382 MOFFAT LOOP OVIEDO, FL 32765 US US OVIEDO, FL 32765 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. SIGNATURE: KIMBERLY J LOSTETTER 03/06/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition FULKS, JOANN M Name: Name: 5823 26TH STREET W. Address: Address: City-St-Zip: BRADENTON, FL 34207 City-St-Zip: Title: Title: CEOV () Delete () Change () Addition Name: LOSTETTER, KIMBERLY, J. Name: 382 MOFFAT LOOP Address: Address: OVIEDO, FL 32765 City-St-Zip: City-St-Zip: Title: Title: STR () Delete () Change () Addition FULKS, C O Name: Name: 5823 26 ST W Address: Address: City-St-Zip: BRADENTON, FL 34207 City-St-Zip: Title: () Delete Title: (X) Change () Addition SEAGRAVES, WILLIAM JR. SEAGRAVES, WILLIAM JR. Name: Name: Address: 2322 DIVERSIFIED WAY Address: 8805 FLORIDA ROCK ROAD, LOT 1 City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32824 Title: Title: () Change (X) Addition () Delete FORSBERG, SUZIE M Name: Name: Address: 5823 26TH STREET W Address: City-St-Zip: City-St-Zip: BRADENTON, FL 34207

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

SIGNATURE: SUZIE M FORSBERG T 03/06/2007