2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

NATURE 400 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 22, 2007 8:00 am DOCUMENT # L26804 **Secretary of State** 01-22-2007 90084 040 ***150.00 EMPÍRE ENVIRONMENTAL SERVICES, INC. Principal Place of Business Mailing Address 2411 SE DIXIE HWY 2411 SE DIXIE HWY 124 124 STUART, FL 34996 STUART, FL 34996 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2935 SE Gran Park Way 2935 SE Gran Park Way Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Stuart, FL Stuart, 59-2980909 Not Applicable Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired 34997 34997 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEINSTEIN, ANDREW Street Address (P.O. Box Number is Not Acceptable) 2935 SE Gran Park Way 2411 SE DIXIE HWY **STE 124** STUART, FL 34996 Zip Code 34997 City Stuart 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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DPT ☐ Delete TITLE Change Ch ☐ Addition FEINSTEIN, ANDREW NAME NAME 2411 SE DIXIE HWY STREET ADDRESS STREET ADDRESS 2935 SE Gran Park Way CITY-ST-ZIP STUART, FL CITY-ST-ZIP Stuart, FL 34997 VP FIFLE Delete TITI F Change ■ Addition NAME FEINSTEIN, BETTY J. NAME 2411 SE DIXIE HWY 2935 SE Gran Park Way STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL CITY-ST-ZIP Stuart, FL 34997 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 allother like empowered.

FILED