2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M76536

FILED Apr 24, 2005 Secretary of State

Entity Name: ALL ENVIRONMENTAL SERVICES, INC.				
Current Princ	icipal Place o	f Business:	New Principal Place	of Business:
	DRAPER CRT LLE, FL 32223			
Current Maili	ling Address:		New Mailing Addres	s:
P.O. BOX 235 JACKSONVIL	532 LLE, FL 3224 ⁷			
FEI Number: 59-	9-2884770	FEI Number Applied For () FEI N	umber Not Applicable ()	Certificate of Status Desired ()
Name and Ac	ddress of Cu	rrent Registered Agent:	Name and Address of	of New Registered Agent:
BUTLER, GR	RACE A			
3339 MARY D	DRAPER CRT LLE, FL 32223			
3339 MARY D JACKSONVIL	DRAPER CRT LLE, FL 32223 amed entity su	B US	of changing its registere	d office or registered agent, or both,
3339 MARY D JACKSONVIL The above nai	DRAPER CRT LLE, FL 32223 amed entity su f Florida.	B US omits this statement for the purpose	of changing its registere	d office or registered agent, or both,
3339 MARY D JACKSONVIL The above nai in the State of	DRAPER CRT LLE, FL 32223 amed entity su f Florida.	B US	of changing its registere	d office or registered agent, or both, Date
3339 MARY D JACKSONVIL The above nai in the State of SIGNATURE:	DRAPER CRT LLE, FL 32223 amed entity su f Florida. :: Electronic	B US omits this statement for the purpose	of changing its registere	
3339 MARY D JACKSONVIL The above nai in the State of SIGNATURE:	DRAPER CRT LLE, FL 32223 amed entity su f Florida. :: Electronic	B US Domits this statement for the purpose Signature of Registered Agent rust Fund Contribution ().		
3339 MARY D JACKSONVIL The above nain the State of SIGNATURE: Election Campa OFFICERS A Title: P3 Name: B1 Address: 33	DRAPER CRT LLE, FL 32223 amed entity su f Florida. Electronic aign Financing T	B US Domits this statement for the purpose Signature of Registered Agent rust Fund Contribution (). DRS: Belete A PER CRT W		Date

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GRACE A. BUTLER **PRES** 04/24/2005