2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006807

FILED Jan 04, 2006 Secretary of State

Entity Name: ENVIRONMENTAL PROFESSIONALS OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 3241

ST. PETERSBURG, FL 33731

Current Mailing Address: New Mailing Address:

PO BOX 3241

ST. PETERSBURG, FL 33731

FEI Number: 59-3614534 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:

CUBA, THOMAS ROBERT
447 3RD AVE NORTH
CUBA, THOMAS ROBERT
447 3RD AVE NORTH

SAINT PETERSBURG, FL 33701 US SUITE 206

SAINT PETERSBURG, FL 33701 US

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: THOMAS R. CUBA 01/04/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 CUBA, THOMAS ROBERT
 Name:
 CUBA, THOMAS ROBERT

 Address:
 447 3RD AVE NORTH
 Address:
 447 3RD AVE NORTH, SUITE 206

 City-St-Zip:
 SAINT PETERSBURG, FL 33701
 City-St-Zip:
 SAINT PETERSBURG, FL 33701

Title: D () Delete Title: () Change () Addition

 Name:
 KRUEMPEL, CRAIG
 Name:

 Address:
 2481 NW BOCA RATON BLVD.
 Address:

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 HALE, KATHLEEN S
 Name:

 Address:
 17 S LAKE AVE., STE. #201
 Address:

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 LOONEY, PAUL
 Name:

 Address:
 3 WEST GARDEN ST, STE. 300
 Address:

 City-St-Zip:
 PENSACOLA, FL 32501
 City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. CUBA PD 01/04/2006