


2005 FOR PROFIT CORPORATION ANNUAL REPORT

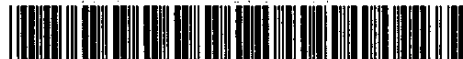
FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90038 039 ***150.00

DOCUMENT # P0000035562	
1. Entity Name EHS SOLUTIONS, INC.	

Principal Place of Business 6233 ROEBUCK RD. JUPITER, FL 33458	Mailing Address 6233 ROEBUCK RD. JUPITER, FL 33458
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50027312



2. Principal Place of Business 501 E. Whitney DR.	3. Mailing Address 501 E. Whitney DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01032005 Chg-P CR2E034 (10/03)

City & State Jupiter, FL	City & State Jupiter, FL
Zip 33458	Zip 33458
Country USA	Country USA

4. FEI Number 65-0998082	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent T. MICHAEL SELF 6233 ROEBUCK RD. JUPITER, FL 33458	
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7. Name and Address of New Registered Agent Name T. Michael Self Street Address (P.O. Box Number is Not Acceptable) 501 E. Whitney DR City Jupiter FL Zip Code 33458	
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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 T. Michael Self Director 03/13/05
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELF, LISA M 6233 ROEBUCK RD. JUPITER, FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T. MICHAEL SELF 6233 ROEBUCK RD. JUPITER, FL 33458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELF, LISA M. 501 E. Whitney DR. JUPITER, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T. Michael Self 501 E. Whitney DR. JUPITER, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 T. Michael Self 03/13/05 561-436-4674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #