2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P00000065241

Entity Name: OLD SEVILLE WASTE CONSULTING, INC.

Current Principal Place of Business:

7282 PLANTATION RD
SUITE 202
PENSACOLA, FL 32504

New Principal Place of Business:

7282 PLANTATION RD
SUITE 203
PENSACOLA, FL 32504

Current Mailing Address:

PO BOX 967
GULF BREEZE, FL 32562

New Mailing Address:

PO BOX 967
GULF BREEZE, FL 325620967

FEI Number: 59-3657623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYLES, BRENT L
9501 SCENIC HWY
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: BOYLES, KATHLEEN S
Address: 9501 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32514

Title: VP ( ) Delete
Name: BOYLES, TODD J
Address: 9501 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32514

Title: P ( ) Delete
Name: BOYLES, BRENT L
Address: 9501 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32514

Title: VP ( ) Delete
Name: BECKWITH, SHAWN D
Address: 9501 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32514

Title: ST ( ) Delete
Name: BOYLES, TODD J
Address: 9501 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENT BOYLES P 04/28/2006

Electronic Signature of Signing Officer or Director — Date