


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90003 044 ***150.00

DOCUMENT # P00000069025

1. Entity Name
 ALL-FLORIDA ENVIRONMENTAL CENTER, INC.



Principal Place of Business
 1040 N.W. 12TH STREET
 BELLE GLADES, FL 33430

Mailing Address
 P O BOX 467
 BELLE GLADES, FL 33430



2. Principal Place of Business
 1036 Bayberry Loop

3. Mailing Address
 P.O. Box 2708

Suite, Apt. #, etc.

06212006 Chg-P CR2E034 (11/05)

City & State
 Clewiston, FL USA

City & State
 Clewiston, FL

Zip Country
 33440 Hendry 33440 USA.

4. FEI Number
 65-1071659

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUNKLES, TERESA
 1040 N.W. 12TH STREET
 BELLE GLADES, FL 33430

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 1036 Bayberry Loop
 City Clewiston FL Zip Code 33440

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: *Teresa Runkles* DATE: 6/21/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LORD, WILLIAM A	
STREET ADDRESS	1210 12TH TERRACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DELLIVENERI, AL	
STREET ADDRESS	1040 NW 12 STREET	
CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teresa Runkles	
STREET ADDRESS	1036 Bayberry Loop	
CITY-ST-ZIP	Clewiston, FL 33440	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: *Teresa Runkles* DATE: 6/21/06 DAYTIME PHONE #: 863-885-2187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P.R. for the Estate of Al Dell. Veneri