

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029680

FILED
Feb 24, 2009
Secretary of State

Entity Name: BIOMEDICAL WASTE SOLUTIONS INCORPORATED

Current Principal Place of Business:

5528 FORCE FOUR PKWY
ORLANDO, FL 32839

New Principal Place of Business:

16355 TUDOR LAKE COURT
ORLANDO, FL 32828

Current Mailing Address:

PO BOX 590068
ORLANDO, FL 32859

New Mailing Address:

FEI Number: 65-1100868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUDSON, KOBINA A
3030 HOLLAND DRIVE
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

HUDSON, KOBINA A
16355 TUDOR LAKE COURT
ORLANDO, FL 32828 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: _____

Electronic Signature of Registered Agent

02/24/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: RODRIGUEZ, JOSE
Address: 4062 123RD TRAIL N
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: PDT () Delete
Name: HUDSON, KOBINA
Address: 3030 HOLLAND DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: S () Delete
Name: RODRIGUEZ, EVELYNN
Address: 4062 123RD TRAIL N
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PDT (X) Change () Addition
Name: HUDSON, KOBINA
Address: 16355 TUDOR LAKE COURT
City-St-Zip: ORLANDO, FL 32828

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

I hereby certify that the information supplied with this filing does not qualify 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: KOBINA A. HUDSON

Electronic Signature of Signing Officer or Director

MR

02/24/2009

Date