


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000111731 1. Entity Name ALL COUNTY REMEDIATION, INC.						SECRETARY OF STATE DIVISION OF CORPORATIONS 05 NOV 15 AM 10:25	
Principal Place of Business 3027 NE 12 TERR OAKLAND PARK, FL 33334				Mailing Address 215 NE 32 CT OAKLAND PARK, FL 33334			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 75-3036681				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BULZACCHELLI, VITO 3027 N.E. 12TH TERRACE OAKLAND PARK, FL 33334				7. Name and Address of New Registered Agent Name DONNY REICH Street Address (P.O. Box Number is Not Acceptable) 215 NE 32 CT City OAKLAND PARK FL Zip Code 33334			
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 <u>Donal Reich</u> DONALD REICH DATE 10-19-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BULZACCHELLI, CAROL 3027 NE 12 TERR OAKLAND PARK, FL 33334 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BULZACCHELLI, DANIEL 215 NE 32 CT OAKLAND PARK, FL 33334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONNY REICH 215 NE 32 CT OAKLAND PARK, FL 33334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400061449804 11/15/05--01075--014 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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: <u>Donal Reich</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10-19-05 954-214-5577 <small>Date Daytime Phone #</small>			