2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # P03000000705** 1. Entity Name DISPOSALL, INC. Principal Place of Business Mailing Address 540 DOUGLAS AVENUE **540 DOUGLAS AVENUE** ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 02242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4 FFI Number 90-0055585 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GERJEL, GREGORY P DO NOT WRITE 540 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32714 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title II applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CALABRESE, EUGENE NAME 540 DOUGLAS AVE. STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 TITLE NAME U00000528688 05/05/06-80047-008 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EAGL A BRESE 2/28/06