## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000008333

1. Entity Name

GLOBAL ENVIRONMENTAL ENGINEERING SERVICES,



FILED Jul 24, 2006 08:00 AM Secretary of State

Principal Place of Business

499 N COURTENAY PKWY MERRITT ISLAND, FL 32953 Mailing Address

499 N COURTENAY PKWY MERRITT ISLAND, FL 32953



07112006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3599571

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SUNDIN, GLENN T 335 SOUTH PLUMOSA STREET, SUITE A MERRITT ISLAND, FL 32952

## DO NOT WRITE IN THIS SPACE

| 8. The above the obligat   | named entity submits this statement for the ions of registered agent.       | purpose of changing its registere                | ed office or r | egistered agent, or bo                            | th, in the State of Florida. I am familiar with, and accept                                  |  |
|--|---|--|----------------|---|--|--|
| SIGNATURE - Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered |   |  |                | I Ageni signalure required when reinstaling) DATE |  |  |
|  | LE NOW!!! FEE IS \$150.00<br>ue by September 6, 2006                        | Election Campaign Finan Trust Fund Contribution. | cing           | \$5.00 May Be<br>Added to Fees                    | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AND DIRE PD CRIM, YANETH O 1391 STAG COURT MELBOURNE, FL 32940     | CTORS  | -              |   | 000000571803<br>07/25/06-80002-016 158.75  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | S CAREY, JAMES 499 NORTH COURTENAY PKWY MERRITT ISLAND, FL 32953            |  |                |   | }  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | T<br>CRIM, ROBERT J<br>499 NORTH COURTENAY PKWY<br>MERRITT ISLAND, FL 32953 |  |                | DO  | NOT WRITE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |                | IN .  | THIS SPACE   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | -  |                |   | 64   |  |
| TITLE  |   |  |                | •   | 10.00  |  |

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

NAME STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/21/06

(321) 459-005 7