

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030422

Entity Name: APOLLO WASTE SYSTEMS, INC.

FILED  
Jan 18, 2006  
Secretary of State

## Current Principal Place of Business:

1021 LEWIS COVE ROAD  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

5582 VIA DE LA PLATA CIRCLE  
DELRAY BEACH, FL 33484

## Current Mailing Address:

178 OLD CART WAY  
NORTH ANDOVER, MA 01845

## New Mailing Address:

1 POWDERMILL SQUARE UNIT 404  
ANDOVER, MA 01810

FEI Number: 04-3746578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLETTI, CHERYL A  
1021 LEWIS COVE ROAD  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

FREDERICK, LECCESE J  
5582 VIA DE LA PLATA CIRCLE  
DELRAY BEACH, FL 33484 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: FREDERICK J. LECCESE

01/18/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COLETTI, CHERYL A  
Address: 1021 LEWIS COVE ROAD  
City-St-Zip: DELRAY BEACH, FL 33483

Title: C ( ) Delete  
Name: COLETTI, CHERYL A  
Address: 1021 LEWIS COVE ROAD  
City-St-Zip: DELRAY BEACH, FL 33483

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COLETTI, CHERYL A  
Address: 1 POWDERMILL SQUARE UNIT 404  
City-St-Zip: ANDOVER, MA 01810

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHERYL A. COLETTI

PRES

01/18/2006

Electronic Signature of Signing Officer or Director

Date