

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000131451

FILED
Jun 20, 2006
Secretary of State

Entity Name: HUCKLEBERRY ENVIRONMENTAL SERVICES, INC.

Current Principal Place of Business:

670 PALM AVENUE WEST
GOODLAND, FL 34140

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 372
GOODLAND, FL 34140

New Mailing Address:

FEI Number: 20-0390493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINN, MATT G
670 PALM AV. W., PO BOX 372
GOODLAND, FL 34140 US

Name and Address of New Registered Agent:

FINN, MATTHEW G
670 PALM AV. W., PO BOX 372
GOODLAND, FL 34140 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: MATTHEW G. FINN

06/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FINN, MATTHEW
Address: 670 PALM AVENUE WEST
City-St-Zip: GOODLAND, FL 34140

Title: V (X) Delete
Name: ELLINGTON, DARRELL
Address: P.O. BOX 72
City-St-Zip: GOODLAND, FL 34140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FINN, MATTHEW G
Address: 670 PALM AVENUE WEST
City-St-Zip: GOODLAND, FL 34140

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: MATTHEW G. FINN

D

06/20/2006

Electronic Signature of Signing Officer or Director

Date