2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007
Secretary of State

DOCUMENT# P03000138185

Entity Name: WASTE RECOVERY CONSULTANTS, INC.

Current Principal Place of Business:

18940 NEST FERN CIRCLE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

18940 NEST FERN CIRCLE
TAMPA, FL 33647

New Mailing Address:

FEI Number: 01-0803207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JENKINS, SONIA
18940 NEST FERN CIR
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KLATT, GARY
Address: 18940 NEST FERN CIRCLE
City-St-Zip: TAMPA, FL 33647 US

Title: V ( ) Delete
Name: KLATT, JAN
Address: 18940 NEST FERN CIRCLE
City-St-Zip: TAMPA, FL 33647 US

Title: ST ( ) Delete
Name: JENKINS, SONIA
Address: 18940 NEST FERN CIR
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: KLATT, GARY
Address: 18940 NEST FERN CIRCLE
City-St-Zip: TAMPA, FL 33647 US

Title: S (X) Change ( ) Addition
Name: KLATT, JAN
Address: 18940 NEST FERN CIRCLE
City-St-Zip: TAMPA, FL 33647 US

Title: PT (X) Change ( ) Addition
Name: JENKINS, SONIA
Address: 18940 NEST FERN CIR
City-St-Zip: TAMPA, FL 33647

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: SONIA JENKINS PT 02/12/2007

Electronic Signature of Signing Officer or Director — Date