2008 FOR PROFIT CORPORATION

FILED Feb 25, 2008 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # P04000056495 1. Entity Name D & D ENVIROCARE, INC. The state of the s Principal Place of Business Mailing Address 5265 E BAY DRIVE 5265 E BAY DRIVE UNIT #522 UNIT #522 CLEARWATER, FL 33764 US CLEARWATER, FL 33764 02052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0947228 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CABIT, DAVID N DO NOT WRITE 5265 E. BAY DRIVE UNIT#522 IN THIS SPACE CLEARWATER, FL 33764 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 if apolicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 ۰...^{_} Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. OWNR THILE NAME CABIT, DAVID N STREET ADDRESS 5265 E BAY DRIVE, UNIT #522 CITY - ST- ZIP CLEARWATER, FL 33764 U000000840337 TITLE 03/06/08-80044-020 158.75 NAME 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

12. Thereby certify that the information supplied with this filling 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 peoples required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IG OFFICER OR DIRECTOR