OUCLIMENT P04000107031  Environmental health Consulting, INC.  Proceed Barness Aurog Address International address in Marrier Address International Interna	2006	2006 FOR PROFIT CORPORATION ANNUAL REPORT						FILED Apr 28, 2006 8:00 am Secretary of State				
Proced Pace of Business  Proced Pace of Business  Locating Automs  Locating  Locati		Г Р040001	07031	_								
110 COURT MANOR BUYD TANERA, FL       16528 N DALE MABRY TANERA, FL         2000 Discord BuyDes       3. Maining Address         Suite, Apt. R. etc.       01112006       Chg.P       CR2ED34 (11/05)         City & State       4. FE Number       01112006       Chg.P       CR2ED34 (11/05)         City & State       4. FE Number       76-07624572       Intel Applied Fo         Zo       Country       20       Country       S. Certificate of Status Doersed       58.755 Addocted FR equired         SANDERS, WALTER BioState NDALE MABRY HWY       Inter and Address of Rev Registered Agent       Inter and Address of Rev Registered Agent         SANDERS, WALTER BioState not and reversion and statement for the purpose of charging its registered disce or registered agent, internation with, and acc Data the above named entry submit this statement for the purpose of charging its registered disce or registered agent, internation with, and acc Data the above named entry submit this statement for the purpose of charging its registered disce or registered agent, internation with, and acc Data the above name disce agent on the fourtain       Unter FL       20 Code         The above name dentary submit this statement for the purpose of charging its registered disce or registered agent, in the state of Pords. Item forsitian with, and acc Data the Market State of Pords. Item forsitian with and acc Data the market State of Pords. Item forsitian with agent as in the fourtain       Units FL         Idea to prove the above name ding dista fagent is the fourtain       Units FL<	ENVIRONMENT	AL HEALTH CON	ISULTING, INC.									
Suite. Apt. #, etc.     Suite. Apt. #, etc.     01112008     Chg.p.     CR2E034 (11/05)       Chy & Stato     Chy & Stato     Chy & Stato     Chy & Stato     Imat. Application       Zo     Country     Zo     Country     Country <t< td=""><td>110 GOLF MANOR BL</td><td></td><td>16528 N DALE MABR</td><td>ſ</td><td></td><td></td><td>40069</td><td>853</td><td></td><td></td></t<>	110 GOLF MANOR BL		16528 N DALE MABR	ſ			40069	853				
City & State     City & State     A FEI LAWNER     Country     Country     Papelind For       Zo     Country     Zo     Country     S. Conflictate of Status Coarred     Stat Zo       SANDERS, WALL TER     Base and Address of Current Registered Agent     Name and Address of New Registered Agent     Name       SANDERS, WALL TER     Intel Available     Name     Name and Address of New Registered Agent       SANDERS, WALL TER     Intel Available     Name     Name and Address of New Registered Agent       SANDERS, WALL TER     Intel Available     Steer Address (PO. Box Number is Not Acceptable)     Intel Available       Sander Term     Jappend For Sander Sander     City     FL     Zo Code       In the above named entity submits this subserverts by the purpose of changing its registered agent, or both, in the State of Porda. I an Ianiliar with, and acceptable     Jappend For Sander S	. Principal Place of Bu	siness	3. Mailing Address									
Zo     Country     Zo     Country     Zo     Country     So     Country     So     Country     So     So </td <td colspan="3">Suite, Apt. #, etc. Suite, Apt. #, etc.</td> <td><u> </u></td> <td><u> </u></td> <td>01112006</td> <td>Chg-P</td> <td>CR2E03</td> <td>4 (11/05)</td> <td></td>	Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>	<u> </u>	01112006	Chg-P	CR2E03	4 (11/05)			
Zip       Country       Zip       Country       S. Certificate of Status Desired       Status Desired         SANDERS, WALTER       SanDerds       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         SANDERS, WALTER       Sizes Address (P.O. Box Number is Not Acceptable)       Sizes Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         In the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Pords. Lam familiar with, and acceptable)       Sizes Address (P.O. Box Number is Not Acceptable)         In the above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Pords. Lam familiar with, and acceptable)       Sizes Address (P.O. Box Number is Not Acceptable)         Intel Advance       Intel Sizes Address (P.O. Box Number is Not Acceptable)       Sizes Address (P.O. Box Number is Not Acceptable)         Intel Advances       Intel Sizes Address (P.O. Box Number is Not Acceptable)       Intel Sizes Address (P.O. Box Number is Not Acceptable)       Doute         Intel Advances       Intel Sizes Address (P.O. Box Number is Not Acceptable)       Intel Sizes Address (P.O. Box Number is Not Acceptable)       Intel Sizes Address (P.O. Box Number is Not Acceptable)         Intel Registered Agent       Intel Number is Not Acceptable)       Intel Number is Not Acceptable)       Intel Number is Not Acceptable)	City & State		City & State						<u>نام الم</u>	plied For t Applicable		
SANDERS, WALTER     Name       IBSZE ND DALE MADRY HWY     Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)       City     FL       Street Address (P.O. Box Number is Not Acceptable)       Soman space and endplaced goet at a street space at a stree	Zip	Country	Zip	Coun	try		······································		8.75 Add	itional		
	6. Nar	ne and Address of Cur	rent Registered Agent		Name	7. Name and	Address of New F	legistered A	gent			
In the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Porida. Tam familiar with, and acc the obligations of registered agent. Under the purpose of changing its registered agent, or both, in the State of Porida. Tam familiar with, and acc is construction of registered agent. Under the purpose of changing its registered agent, or both, in the State of Porida. Tam familiar with, and acc is construction of registered agent. Under the fagst. Under the purpose of the purpose of the purpose of the state of the sta	16528 N DALE MABRY HWY				Street Address (	ess (P.O. Box Number is Not Acceptable)						
The obligators of regeneral spent.  Syntax is post of builter name of appliered spent are time if expected.  Syntax is post of builter name of appliered spent are time if expected.  The implicited spent syntax is applied to be an expected and the implication of the implication					City			FL	Žip Cod	ə		
Syntaxe types of predictions and a inglifted agent and the ingraduate.     (POTE inglifted agent age			ant for the purpose of changing it	s register	ed office or register	red agent, or both	n, in the State of Fl	orida. I am fa	miliar with,	and accept		
After May 1, 2006 Fee will be \$550.00       Trust Fund Contribution.       Added to Fees         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Trust POOLE, JAMES L       Delete       ITTLE       DOULE, JAMES L       Delete         INVERTADRESS       2110 GOLF MANOR BLVD       STRET ADRESS       Chr. 51.7P       Change       Add         INVERTADRESS       2110 GOLF, FL 33594       Delete       ITTLE       Officers And Directors in 11         INVERTADRESS       2110 GOLF, FL 33594       Chr. 51.7P       Chr. 51.7P       Chr. 51.7P         INE       WAK       STRET ADRESS       Chr. 51.7P       Chr. 51.7P       Chr. 51.7P         INE       Delete       ITTLE       Change       Add         INFE ADRESS       Chr. 51.7P       Chr. 51.7P       Chr. 51.7P       Chr. 51.7P         INTE       Delete       ITTLE       Change       Add         INFE ADRESS       Chr. 51.7P       Chr. 51.7P       Chr. 51.7P       Chr. 51.7P         INTE ADRESS       Chr. 51.7P       Chr. 51.7P       Chr. 51.7P       Chr. 51.7P       Chr. 51.7P         INTE ADRESS       Chr. 51.7P       Chr. 51.7P       Chr. 51.7P       Chr. 51.7P       Chr. 51.7P       Chr. 51.7P		) alter So and or printed name of registered	egent and title if appeciable. (NO	TE: Registere	d Agent signature required	anders		4-11 DATE	-06			
Inte D POOLE, JAMES L Delete Inte Doelete Inte Delete Inte Doelete Inte Doelete Inte Doelete Inte Doelete Inte Doelete Inte Delete Inte De	FiLE NOW! After May 1, 20	06 Fee will be \$5	50.00 Trust Fund Cor		~ _ ++							
IILE       Delete       ITTLE       Change       Add         INVE       STRET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         ITTLE       Delete       ITTLE       Change       Add         ITTLE	ITLE D IAME POOLE ITREET ADDRESS 2110 G	, JAMES L OLF MANOR BLVD		titli Nam Stre	e Et adoress	ADDITIONS/(	CHANGES TO OFF			Addition		
ITLE       ITLE       ITLE       ITLE       ITLE       ITTLE       ITTL	ITLE IAME ITREET ADDRESS	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Delete	titl Nam Stre	E E Et address				Change	Addition		
ITLE       Delete       ITLE       Change       Add         WWE       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZP       Change       Add         ITLE       Delete       ITTLE       Change       Add         WWE       Delete       ITTLE       Change       Add         STREET ADDRESS       CITY-ST-ZP       Change       Add         WWE       Delete       ITTLE       Change       Add         STREET ADDRESS       CITY-ST-ZP       CITY-ST-ZP       Change       Add         ITTLE       Delete       ITTLE       Change       Add         STREET ADDRESS       CITY-ST-ZP       City-ST-ZP       Change       Add         ITTLE       Delete       ITTLE       Change       Add         STREET ADDRESS       CITY-ST-ZP       Change       Add         ITTLE       Delete       ITTLE       Change       Add         STREET ADDRESS       CITY-ST-ZP       Change       Add         ITTLE       Delete       ITTLE       Change       Add         VMAGE       STREET ADDRESS       CITY-ST-ZP       Change       Add         ITTLE       Delete       ITTLE       Ittle       Ittle	ITLE IAME		Delete	TITLI NAM	E				Change	Addition		
ITLE       Delete       ITTLE       Change       Add         IMME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZP       CITY-ST-ZP       CITY-ST-ZP         ITLE       Delete       ITTLE       Delete       ITTLE       Change       Add         ITLE       Delete       ITTLE       CITY-ST-ZP       CITY-ST-ZP       Change       Add         ITLE       Delete       ITTLE       Change       Add       Add         ITLE       Delete       ITTLE       Change       Add         ITLE       Delete       ITTLE       Ittle       Change       Add         ITLE       Delete       ITTLE	ITLE IAME ITREET ADDRESS		Delete	title Nam Stre	e Ie Eet address	<u></u>			Change	Addition		
WWE SIREET ADDRESS SIRET ADDRESS CITY-ST-ZP  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 informatic 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 direc 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 1 changed, or on an attachment with an address, with all other like empowered.	ITLE IAME ITREET ADORESS		Deiete	TITU NAM STRI	E IE Eet adoress	<u></u>			Change	Addition		
	iame Treet address		Delete	NAM STRE	ie Eet address				🔲 Change	Addition		
SIGNATURE Claude ( Jones L. Lonle 1/25/06 8132151369	<ol> <li>I hereby certify that indicated on this re of the corporation o changed, or on an</li> </ol>	the information supplier port or supplemental reprimer the receiver or trustee attachment with an addi	d with this filing does not quality port is true and accurate and that empowered to execute this repo- ress, with all other like empowere	for the ex t my signa rt as requi d.	emptions container iture shall have the ired by Chapter 60	d in Chapter 119, same legal effect 7, Florida Statutes	Florida Statutes, t as if made under s; and that my nam	I further certif oath; that I ar he appears in	y that the ir n an officer Block 10 or	or director Block 11 if		
SIGNATURE AND TYPED DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daysms Prone 4	SIGNATURE	SIGNATURE AND TYPE	DOA PRINTED NAME OF SIGNING OFFICE	ES L	Toole	2	1/2.5/00 Date	ୢୢୢୢୢୢ୵୲ୖୢ	2151 yurne Phone *	<u>369</u>		