## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000136648

RAINEY, JAMES

2401 PGA BOULEVARD, #248

PALM BEACH GARDENS, FL 33410

Name:

Address:

City-St-Zip:

Entity Name: UNIGLOBE ENVIRONMENTAL SOLUTIONS, INC.

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2401 PGA BOULEVARD SUITE 248 PALM BEACH GARDENS, FL 33410 US				3 GRANDE ORCHID RAY BEACH, FL 33		
Current Mailing Address:				New Mailing Address:		
P.O. BOX 30605 PALM BEACH GARDENS, FL 33420 US				6533 GRANDE ORCHID WAY DELRAY BEACH, FL 33446 US		
FEI Number:	20-4975543	FEI Number Applied For	( ) FEI Number N	lot Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
WOYTKIW, JOHN 2401 PGA BOULEVARD SUITE 248 PALM BEACH GARDENS, FL 33410 US				LOCK, R DONALD 3 GRANDE ORCHID RAY BEACH, FL 33		
The above in the State		submits this statement f	or the purpose of cha	nging its registered o	office or registered agent, or both,	
SIGNATURE: R DONALD POLLOCK					03/10/2009	
	Electron	nic Signature of Registe	red Agent		Date	
Election Can	npaign Financing	g Trust Fund Contribution	( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	WOYTKIW, JOI 2401 PGA BOU		Title: Name Addre City-	<b>)</b> :	) Change ()Addition	
Title: Name: Address: City-St-Zip:	POLLOCK, R D 6533 GRANDE		Title: Name Addre City-:	<b>:</b> :	) Change() Addition	
Title: Name: Address: City-St-Zip:	GRITTER, GÈR	TO PARK ROAD SUITE 450		):	) Change ( ) Addition	
Title:	D ()	) Delete	Title:	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: R DONALD POLLOCK D 03/10/2009