

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90035 045 ***150.00

DOCUMENT # P05000027786 1. Entity Name TRASH BANDITS, INCORPORATED			
Principal Place of Business 10947 GLENEAGLES ROAD BOYNTON BEACH, FL 33436 US		Mailing Address 10947 GLENEAGLES ROAD BOYNTON BEACH, FL 33436 US	
2. Principal Place of Business - No P.O. Box # 1101 SW JUMPER STREET Suite, Apt. #, etc.		3. Mailing Address 1101 SW JUMPER STREET Suite, Apt. #, etc.	
City & State PORT ST. LUCIE FLORIDA Zip 34983 Country UNITED STATES		City & State PORT ST. LUCIE FLORIDA Zip 34983 Country UNITED STATES	
4. FEI Number 35-2247890		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01142007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HICKEY, KAREN PRES 10947 GLENEAGLES ROAD BOYNTON BEACH, FL 33436		7. Name and Address of New Registered Agent Name JOSEPH DELLAROCCA Street Address (P.O. Box Number is Not Acceptable) 1101 SW JUMPER STREET City PORT ST. LUCIE FL Zip Code 34983	
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 JOSEPH DELLAROCCA 12-31-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HICKEY, KAREN PRES 10947 GLENEAGLES ROAD BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DELLAROCCA JOSEPH PRES 1101 SW JUMPER STREET PORT ST. LUCIE, FLORIDA 34983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LENZA, NICOLE VP 10947 GLENEAGLES ROAD BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELLAROCCA ERNEST 10947 GLENEAGLES ROAD BOYNTON BEACH FLORIDA 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HICKEY, KAREN TREAS 10947 GLENEAGLES ROAD BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA DELLAROCCA JOSEPH 1101 SW JUMPER STREET PORT ST LUCIE FLORIDA 34983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT LENZA, NICOLE SECT 10947 GLENEAGLES ROAD BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT DELLAROCCA ERNEST 10947 GLENEAGLES ROAD BOYNTON BEACH FLORIDA 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: ERNEST DELLAROCCA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		12-31-2006 (561) 376-1818 <small>Date Daytime Phone #</small>	

ATTACHMENT

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**NEW BANKING RESOLUTION OF
TRASH BANDITS, INCORPORATED**

The undersigned, being the corporate secretary of the above Corporation, hereby certifies that on the 31st day of December, 2006, the new Board of Directors of the Corporation adopted the following resolution:

RESOLVED, that the corporation continue the existing checking account with BANK ATLANTIC bank, and that the officers of the Corporation are authorized to take such action as is necessary to continue such account; that the bank's form of resolution is hereby adopted and incorporated into these minutes by reference and shall be placed into the corporate records/minute book; that any of the following (either/or) persons shall have signature authority over the account:



Joseph DellaRocca, President



Ernest DellaRocca, Secretary