

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118538

FILED
Apr 25, 2006
Secretary of State

Entity Name: EARTHWISE ENVIRONMENTAL SERVICES, INC.

Current Principal Place of Business:

22 SHERWOOD DRIVE
SHALIMAR, FL 32579

New Principal Place of Business:

PO BOX 855
SHALIMAR, FL 32579

Current Mailing Address:

P.O. BOX 855
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 04-3824389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREAZEALE II, B. T
22 SHERWOOD DRIVE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

BREAZEALE II, B. T
39 MAPLE AVE
SHALIMAR, FL 32579 US

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: _____

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMONDS, JERRY R
Address: 22 SHERWOOD DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: VP () Delete
Name: FOLEY, ROBERT M
Address: 254 ECHO CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: S/T () Delete
Name: BREAZEALE, B. T
Address: 20 IF SHERWOOD DRIVE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMONDS, JERRY R
Address: 9071 SARA LANE
City-St-Zip: SHREVEPORT, LA 71118

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: BREAZEALE, B. T
Address: 39 MAPLE AVE
City-St-Zip: SHALIMAR, FL 32579

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: B.T. BREAZEALE II

S/T

04/25/2006

Electronic Signature of Signing Officer or Director

Date