

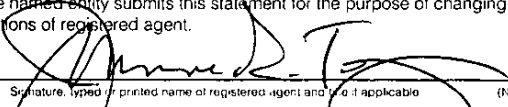
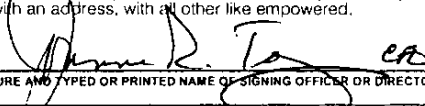


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90022 019 ***158.75

DOCUMENT # P06000062363 1. Entity Name UNIVERSAL TRASH SOLUTIONS INC.																													
Principal Place of Business 1152 N UNIVERSITY DRIVE SUITE 303A PEMBROKE PINES, FL 33024			Mailing Address 1152 N UNIVERSITY DRIVE SUITE 303A PEMBROKE PINES, FL 33024																										
2. Principal Place of Business - No P.O. Box # 700 NW 57th COURT Suite, Apt. #, etc. FORT LAUDERDALE City & State FLORIDA Zip 33309		3. Mailing Address 700 NW 57th COURT Suite, Apt. #, etc. FORT LAUDERDALE City & State FLORIDA Zip 33309																											
Country BROWARD		Country BROWARD		08202007 Chg-P CR2E034 (12/06)																									
4. FEI Number 20 - 4807748				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FRYBARGER, SCOTT 1152 N UNIVERSITY DRIVE SUITE 303A PEMBROKE PINES, FL 33024																									
7. Name and Address of New Registered Agent Name JOANNE R. TRIVIZ Street Address (P.O. Box Number is Not Acceptable) 700 NW 57th COURT City FORT LAUDERDALE FL Zip Code 33309				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  8/20/07 <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P FRYBARGER, SCOTT</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1152 N UNIVERSITY DRIVE SUITE 303A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PEMBROKE PINES, FL 33024</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P FRYBARGER, SCOTT	<input type="checkbox"/> Delete	NAME	1152 N UNIVERSITY DRIVE SUITE 303A		STREET ADDRESS	PEMBROKE PINES, FL 33024		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">CFO JOANNE R. TRIVIZ</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>4282 BILANDY WINE DRIVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BELA RATON, FL 33309</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	CFO JOANNE R. TRIVIZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	4282 BILANDY WINE DRIVE		STREET ADDRESS	BELA RATON, FL 33309		CITY-ST-ZIP		
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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:  8/20/07 954-771-1112 x 118 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													