

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000108982

FILED
Jul 05, 2007
Secretary of State

Entity Name: ENVIRONMENTAL HEALTH SOLUTIONS, INC

Current Principal Place of Business:

300 SW 36TH PLACE
OCALA, FL 34474

New Principal Place of Business:

802 SW 20TH ST
102
OCALA, FL 34471 US

Current Mailing Address:

300 SW 36TH PLACE
OCALA, FL 34474

New Mailing Address:

802 SW 20TH ST
102
OCALA, FL 34471 US

FEI Number: 20-5415631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, CHRISTOPHER G SR
300 SW 36TH PLACE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BENNETT, CHRISTOPHER G SR
Address: 300 SW 36TH PLACE
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BENNETT, CHRISTOPHER G SR
Address: 802 SW 20TH ST #102
City-St-Zip: OCALA, FL 34471 US

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.

SIGNATURE: CHRISTOPHER G BENNETT SR

P

07/05/2007

Electronic Signature of Signing Officer or Director

_____ Date