## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000123962

City-St-Zip:

Entity Name: A ONE OF A KIND ENVIRONMENTAL SERVICES INC

FILED Mar 22, 2007 Secretary of State

Littly Name. A ONL	OF A KIND ENVIRONMENTAL	SERVICES INC				
Current Principal Place of Business:		New Prin	New Principal Place of Business:			
5612 NW 49TH TERRACE TAMARAC, FL 33319			15782 92ND CT. NORTH WEST PALM BEACH, FL 33412			
Current Mailing Address:		New Mail	New Mailing Address:			
5612 NW 49TH TERRACE TAMARAC, FL 33319			15782 92ND CT. NORTH WEST PALM BEACH, FL 33412			
FEI Number: 20-5448309	FEI Number Applied For ( )	FEI Number Not App	mber Not Applicable ( ) Certificate of Status Desired ( )		)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
RICE, CHARLES CARL III 5612 NW 49TH TERRACE TAMARAC, FL 33319 US		15782 921	RICE, CHARLES CARL III 15782 92ND CT NORTH WEST PALM BEACH, FL 33412 US			
The above named enting the State of Florida.	ity submits this statement for the	ourpose of changing	its registered	d office or registered agent, or b	oth,	
SIGNATURE:			03/22/2007			
Electronic Signature of Registered Agent			Date			
Election Campaign Finan	cing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:		ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:		() Change (X) Addition RLES C III OCT. NORTH /I BEACH, FL 33412		
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:		( ) Change (X) Addition /ARD E OWLAWN DR SBURG, FL 33702		
Title: Name: Address:	( ) Delete	Title: Name: Address:	SEC RICE, CHAF 12765 KING	( ) Change (X) Addition RLES C II FISH DRIVE		

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.

City-St-Zip:

TREASURE ISLAND, FL 33706

SIGNATURE: EDWARD E. CRUZ VP 03/22/2007