2007 FOR PROFIT CORPORATION

FILED

09-14-2007 90003 027 ***550.00

Sep 14, 2007 8:00 am Secretary of State **ANNUAL REPORT**

DOCUMENT # P06000150405 ENVIRONMENTAL HEALTH PRODUCTS, INC. 40132329 Principal Place of Business Mailing Address 3621 OAKS CLUB HOUSE DR., SUITE 201 3621 OAKS CLUB HOUSE DR., SUITE 201 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09132007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FILINGS, INC **3732 N.W. 16TH STREET** FT. LAUDERDALE, FL 33311-4132 8. The above named entity abmits this statement for the purpose anging its registered office or reg 9-13-07 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE \Box ☐ Delete TITLE ☐ Addition □ Change PLETO, FRANK JR NAME NAME 3621 OAKS CLUB HOUSE DR., SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33069 CHY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the corporation or the receiver or changed, or on an attachment with

SIGNATURE: