

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2008 8:00 am
Secretary of State

DOCUMENT # P07000111935



1. Entity Name
 ALLTECH ENVIRONMENTAL MANAGEMENT, INC.

03-28-2008 90024 014 ***150.00

Principal Place of Business Mailing Address
 3340 S.E. FEDERAL HWY 3340 S.E. FEDERAL HWY
 STUART FL 34997 STUART FL 34997



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 5424 NE 56th Pkwy 5424 NE 56th Parkway
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State 4. FEI Number Applied For
 Okeechobee, FL Okeechobee, FL 26-1164267 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
 34972 Okeechobee 34972 Okeechobee Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 REARDON, DANIEL E Name
 5424 N.E. 56TH PARKWAY Street Address (P.O. Box Number is Not Acceptable)
 OKEECHOBEE FL 34972 City
 FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title (if applicable)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State
 9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REARDON, DANIEL E | NAME | |
| STREET ADDRESS | 5424 N.E. 56TH PARKWAY | STREET ADDRESS | |
| CITY-ST-ZIP | OKEECHOBEE FL 34972 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 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 Section 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 another like empowered.

SIGNATURE: *Daniel E Reardon* DANIEL E REARDON 3/17/08 561-762-3309
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR