
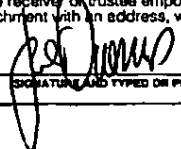


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2005 8:00 am
Secretary of State

06-17-2005 90003 002 ***150.00
09-08-2005 90065 045 ***400.00

DOCUMENT # P93000017612 1. Entity Name SECURE WASTE DISPOSAL, INC.		
Principal Place of Business 5518 FORCE FOUR PARKWAY 102 ORLANDO, FL 32839 US	Mailing Address POST OFFICE BOX 540417 ORLANDO, FL 32854	
DO NOT WRITE IN THIS SPACE		
B. Name and Address of Current Registered Agent DOREMUS, JOSEPH 5518 FORCE FOUR PARKWAY 102 ORLANDO, FL 32839		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOREMUS, JOSEPH 5528 FORCE FOUR PKWY. ORLANDO, FL 32839	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Joe Doremus <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXCUSED OFFICER OR DIRECTOR</small>		6/8/05 <small>Date</small> 407-850-1010 <small>Daytime Phone #</small>

50065401



08102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3117271	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**