2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000040841

1. Entity Name
APPLIED ENVIRONMENTAL SOLUTIONS, INC.

Principal Place of Business	Mailing Address
4344 REEVES RD NEW PORT RICHEY, FL 34652	4344 REEVES RD NEW PORT RICHEY, FL 34652

DO NOT WRITE IN THIS SPACE

01072008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3297505		Not Applicable
5. Certificate of Status Desired	**$8.75** Additional Fee Required	

6. Name and Address of Current Registered Agent

KLOSZEWSKI, STEVE
4344 REEVES ROAD
NEW PORT RICHEY, FL 34652

**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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008.Fee will be $550.00

9. Election Campaign Financing   **$5.00** May Be
Trust Fund Contribution. ☐   Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	KLOSZEWSKI, STEVE
STREET ADDRESS	4344 REEVES RD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/09/08-80033-007 158.75

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   1-7-08   727-844-3166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #