


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000055623
 1. Entity Name
 KALIMANTAN ENVIRONMENTAL SERVICES, INC.



Principal Place of Business
 1712 CLYDESDALE DRIVE
 LOXAHATCHEE, FL 33470

Mailing Address
 1712 CLYDESDALE DRIVE
 LOXAHATCHEE, FL 33470

DO NOT WRITE IN THIS SPACE



07022005 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0529399

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUVAL, MICHAEL
 1712 CLYDESDALE DRIVE
 LOXAHATCHEE, FL 33470

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

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DUVAL, MICHAEL 1712 CLYDESDALE DR LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DEMESSA, MARIE 1712 CLYDESDALE DR LOXAHATCHEE, FL 33470
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 07/13/05-80006-U12 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 register 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: Michael Duval 07/11/05 (954) 931-9484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #