2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # \$96000024247

1. Entity Name

PETRO-CHEM ENVIRONMENTAL SYSTEMS, INC.



FILED Jan 12, 2006 08:00 AN Secretary of State

Principal Place of Business

15310 AMBERLY DR.

SUITE 250 TAMPA, FL 33647 Mailing Address

15310 AMBERLY DR. Suite 250

TAMPA, FL 33647



DO NOT WRITE IN THIS SPACE

01082006 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3368504

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHURR, DONALD K JR. 15310 AMBERLY DR. SUITE 250 TAMPA, FL 33647 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, 2006 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees 1/00000392876 01/12/06-80032-005 150.00

10. OFFICERS AND DIRECTORS D TITLE NAME SCHURR, DONALD K JR. STREET ADDRESS 15310 AMBERLY DR., STE. 250 CITY-ST-ZIP TAMPA, FL 33647 TITLE D NAME SCHURR, DEBRA K STREET ADDRESS 15310 AMBERLY DR., STE. 250 CITY-ST-ZIP **TAMPA, FL 33647** TITLE NAME SCHURR, DONALD K STREET ADDRESS 7400 MONTE VERDE CITY-ST-ZIP SARASOTA, FL 34238 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-06 (813) 972-1331