2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000098561

1. Entity Name

ENVIROCON ENTERPRISES INC.



FILED Mar 13, 2006 08:00 AM Secretary of State

Principal Place of Business

762 ST ALBANS DRIVE

SUITE 12 BOCA RATON, FL 33486 Mailing Address

762 ST ALBANS DRIVE

SUITE 12

BOCA RATON, FL 33486



01122006

No Chg-P

CR2E034 (11/05)

FEI Number
 65-0712736

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEELMAN, HOWARD 762 ST ALBANS DRIVE SUITE 12 BOCA RATON, FL 33486

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BOCA RATON, FL 33486			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 registerod agent and title if applicable. (NOTE: Registered Ag				required when reinstating)	DATE
		Election Campaign Finar Trust Fund Contribution.	ocing []	\$5.00 May Be Added to Fees	11000004G7004 03/23/06-90034-003 158.75
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	PD STEELMAN, HOWARD 762 ST ALBANS DRIVE STE 12 BOCAR RATON, FL 33486		DO NOT WRITE IN THIS SPACE		
title Name Street address City-St-Zip					
SITLE MAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME SIREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling 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 path; that I am an officer or director					

12. I hereby centry that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further centry 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 cath, 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:

DENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-587-1434

Daytima Phone e