2007 FOR PROFIT CORPORATION

May 01, 2007 08:00 A Secretary of State ANNUAL REPORT **DOCUMENT # P96000098561** 1. Entity Name ENVIROCON ENTERPRISES INC. Principal Place of Business Mailing Address 762 ST ALBANS DRIVE **762 ST ALBANS DRIVE** SUITE 12 SUITE 12 BOCA RATON, FL 33486 BOCA RATON, FL 33486 CR2E034 (11/05) 04292007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0712736 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEELMAN, HOWARD DO NOT WRITE 762 ST ALBANS DRIVE SUITE 12 IN THIS SPACE BOCA RATON, FL 33486 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD STEELMAN, HOWARD NAME 762 ST ALBANS DRIVE STE 12 STREET ADDRESS U00000751984 05/18/07-80124-0 CITY-ST-ZIP BOCAR RATON, FL 33486 05/18/07-80124-009 158.75 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIF TITLE 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> HOWARD STEELMAN DOUSLORANT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED