

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 27, 2005
Secretary of State**

DOCUMENT# P97000038258

Entity Name: WASTE INTEGRATION SERVICE CENTER, INC.

Current Principal Place of Business:

4511 N HIMES AVE
SUITE 240
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

4511 N HIMES AVE
SUITE 240
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 59-3442786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEUMAN, WENDY
4511 N HIMES AVE STE 240
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

WOOD, JOSHUA
4511 N HIMES AVE STE 240
TAMPA, FL 33614 US

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.

SIGNATURE: JOSHUA WOOD 06/27/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: MATHEWS, DEBBIE B
Address: 566 GRAMMERCY DR.
City-St-Zip: MARIETTA, GA 30068 US

Title: D () Delete
Name: WALLACE, THOMAS L
Address: 5100 WHEELIS DR., STE. 107
City-St-Zip: MEMPHIS, TN 38117 US

Title: D () Delete
Name: MATHEWS, MILLER J III
Address: 5608 SKIMMER DRIVE
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: T () Delete
Name: NEUMAN, WENDY
Address: 3198 GARDNER OAKS LANE
City-St-Zip: LAKELAND, FL 33810 US

Title: D () Delete
Name: GAFFIGAN, JILL
Address: 1448 HEDGEWOOD LANE
City-St-Zip: KENNESAW, GA 30152 US

Title: VP () Delete
Name: MCIVER, MATT
Address: 4882 STURBRIDGE CRESCENT NE
City-St-Zip: ROSEWELL, GA 30075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: WOOD, JOSHUA
Address: 5510 N HIMES AVE APT 610
City-St-Zip: TAMPA, FL 33614 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSHUA WOOD S/T 06/27/2005
Electronic Signature of Signing Officer or Director Date