2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000038258

Entity Name: WASTE INTEGRATION SERVICE CENTER, INC.

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
4511 N HIM SUITE 240		_			
TAMPA, FL					
Current Mailing Address:			New Mailing Address:		
4511 N HIM SUITE 240 TAMPA, FL		S			
FEI Number:		FEI Number Applied For () FEI Nur	nber Not Appli	licable () Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	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:					
	Electro	nic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS: ADD				IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D/P (MATHEWS, DE 566 GRAMMEI MARIETTA, GA	RCY DR.	Title: Name: Address: City-St-Zip:	D/P (X) Change () Addition MATHEWS, DEBBIE B 1000 JOHNSON FERRY RD SUITE G-130 MARIETTA, GA 30068 US	
Title: Name: Address: City-St-Zip:	WALLACE, TH	S DR., STE. 107	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MATHEWS, MI 5608 SKIMME		Title: Name: Address: City-St-Zip:	S/T (X) Change () Addition PREISS, MARIA 4511 N HIMES AVE TAMPA, FL 33614	
Title: Name: Address: City-St-Zip:	S/T (WOOD, JOSHI 5510 N HIMES TAMPA, FL 33	AVE APT 610	Title: Name: Address: City-St-Zip:	EVP (X) Change () Addition WOOD, JOSHUA 4511 N HIMES TAMPA, FL 33614 US	
Title: Name: Address: City-St-Zip:	D (X GAFFIGAN, JII 1448 HEDGEV KENNESAW, C	VOOD LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MCIVER, MAT	IDGE CRESCENT NE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition MCIVER, MATT 1000 JOHNSON FERRY RD SUITE G-130 MARIETTA, GA 30068	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 EVP 04/20/2006