2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073450

FILED Apr 25, 2005 Secretary of State

Entity Name: ENVIROTECH HEALTH SOULTIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 384-B GOLFVIEW RD 411 SOUTH LAKESIDE DRIVE NORTH PALM BEACH, FL 334083500 LAKE WORTH, FL 33460 **Current Mailing Address: New Mailing Address:** PO BOX 14188 411 SOUTH LAKESIDE DRIVE NORTH PALM BEACH, FL 334084188 LAKE WORTH, FL 33460 FEI Number: 59-3558091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DULIN, RAMSEY W ESQ. 201 E PINE STREET SUITE 425 ORLANDO, FL 32801 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition KLEIN, KAREN V KLEIN, JEFFREY L Name: Name: 384-B GOLFVIEW RD 411 SOUTH LAKESIDE DRVIE, #4 Address: Address: City-St-Zip: NORTH PALM BEACH, FL 334083500 City-St-Zip: LAKE WORTH, FL 33460 Title: () Delete Title: () Change (X) Addition Name: Name: LAVERN. KLEIN J 6469 LOUD DRIVE Address: Address: OSCODA, MI 48750 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: MARJORIE, KLEIN L Name: 6469 LOUD DRIVE Address Address: City-St-Zip: City-St-Zip: OSCODA, MI 48750

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: JEFFREY L KLEIN PST 04/25/2005