

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073450

FILED
Apr 28, 2007
Secretary of State

Entity Name: ENVIROTECH HEALTH SOULTIONS, INC.

Current Principal Place of Business:

411 SOUTH LAKESIDE DRIVE
4
LAKE WORTH, FL 33460

Current Mailing Address:

411 SOUTH LAKESIDE DRIVE
#4
LAKE WORTH, FL 33460

New Principal Place of Business:

3546 S. OCEAN BLVD.
414
SOUTH PALM BEACH, FL 33480 US

New Mailing Address:

3546 S. OCEAN BLVD.
#414
SOUTH PALM BEACH, FL 33480 US

FEI Number: 59-3558091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DULIN, RAMSEY W ESQ.
201 E PINE STREET
SUITE 425
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Title: PST () Delete
Name: KLEIN, JEFFREY L
Address: 411 SOUTH LAKESIDE DRVIE, #4
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: LAVERN, KLEIN J
Address: 6469 LOUD DRIVE
City-St-Zip: OSCODA, MI 48750

Title: D () Delete
Name: MARJORIE, KLEIN L
Address: 6469 LOUD DRIVE
City-St-Zip: OSCODA, MI 48750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: KLEIN, JEFFREY L
Address: 3546 S. OCEAN BLVD. #414
City-St-Zip: SOUTH PALM BEACH, FL 33480 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 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: JEFFREY L KLEIN

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04/28/2007

Electronic Signature of Signing Officer or Director

Date