
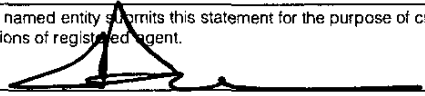



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90081 020 \*\*\*158.75

<b>DOCUMENT # P98000085272</b> 1. Entity Name <b>ENVIRONMENTAL SOLUTIONS CONSULTING GROUP, INC.</b>					
Principal Place of Business <b>1331 SW 1ST AVE. FORT LAUDERDALE, FL 33315</b>			Mailing Address <b>1331 SW 1ST AVE. FORT LAUDERDALE, FL 33315</b>		
2. Principal Place of Business <b>10458 West McNab Road</b>		3. Mailing Address <b>P.O. Box 16988</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Tamarac, FL</b>		City & State <b>Plantation, FL</b>		4. FEI Number <b>65-0939835</b>	
Zip <b>33321</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33321</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent  <b>LEWIS, GREGORY 4350 W SUNRISE BLVD, STE 108 PLANTATION, FL 33313</b>	
7. Name and Address of New Registered Agent Name <b>Gary Morse</b> Street Address (P.O. Box Number is Not Acceptable) <b>7795 SW 6th Street</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b>		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  DATE <b>02/20/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LEWIS, GREGORY 1331 SW 1ST AVE. FORT LAUDERDALE, FL 33315</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Frank Maggio 10458 West McNab Road Tamarac, FL. 33321</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MAROONE, DOUG 1131 SW 1ST AVE. FORT LAUDERDALE, FL 33315</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D 10458 West McNab Road Tamarac, FL 33321</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DONNELLY, KEVIN 1131 SW 1ST AVE. FORT LAUDERDALE, FL 33315</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Michael Armstrong 10458 West McNab Road Tamarac, FL 33321</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>02/20/05</b> <b>954-888-5259</b> <small>Date Daytime Phone #</small>		