

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90061 040 \*\*\*158.75

|  |   |  |   |   |   |
|--|---|--|---|---|---|
| <b>DOCUMENT # P98000085272</b><br>1. Entity Name<br><b>ENVIRONMENTAL SOLUTIONS CONSULTING GROUP, INC.</b>  |   |  |   |   |   |
| Principal Place of Business<br><b>10458 WEST MCNAB ROAD<br/>TAMARAC, FL 33321</b>  |   |  | Mailing Address<br><b>PO BOX 16988<br/>PLANTATION, FL 33318</b> |   |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |   |   |
| City & State   |   | City & State   |   |   |   |
| Zip  | Country   | Zip  | Country   | 4. FEI Number<br><b>65-0939835</b>  |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>FRANCO, JAMES H<br/>7795 SW 6TH STREET<br/>PLANTATION, FL 33324</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |  |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |   |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MAGGIO, FRANK<br>10458 WEST MCNABB ROAD<br>TAMARAC, FL 33321      | <input checked="" type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Kevin Donnelly<br>10458 W. McNab Road<br>Tamarac, FL. 33321       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MAROONE, DOUG<br>10458 WEST MCNAB ROAD<br>TAMARAC, FL 33321        | <input checked="" type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Christina Dumas<br>10458 W. McNab Road<br>Tamarac, FL. 33321      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>OLSON, JOHN<br>10458 W MCNAB RD<br>FORT LAUDERDALE, FL 33321      | <input checked="" type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>RYAN, MICHAEL<br>10458 W MCNAB RD<br>FORT LAUDERDALE, FL 33321     | <input checked="" type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>O'REILLY, PATRICK O<br>10458 MCNAB RD<br>FORT LAUDERDALE, FL 33321 | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |   |  |   |   |   |
| SIGNATURE: <b>5/4/07</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  |   |   |   |