

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90025 038 \*\*\*158.75

<b>DOCUMENT # P98000085272</b> 1. Entity Name <b>ENVIRONMENTAL SOLUTIONS CONSULTING GROUP, INC.</b>					
Principal Place of Business <b>10458 WEST MCNAB ROAD TAMARAC, FL 33321</b>			Mailing Address <b>PO BOX 16988 PLANTATION, FL 33318</b>		
2. Principal Place of Business - No P.O. Box # <b>7795 SW 6 Street</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Plantation, FL</b>		City & State		4. FEI Number <b>65-0939835</b>	
Zip <b>33324</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FRANCO, JAMES H 7795 SW 6TH STREET PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name <b>George Allen</b> Street Address (P.O. Box Number is Not Acceptable) <b>7795 Sw 6 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: <span style="float: right;"><b>APR 18 2008</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DONNELLY, KEVIN <input type="checkbox"/> Delete <b>10458 WEST MCNABB ROAD TAMARAC, FL 33321</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7795 SW 6 Street Plantation, FL. 33324</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete <b>DUMAS, CHRISTINA 10458 WEST MCNAB ROAD TAMARAC, FL 33321</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Edward Colwell 7795 SW 6 Street Plantation, FL. 33324</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>O'REILLY, PATRICK O 10458 MCNAB RD FORT LAUDERDALE, FL 33321</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7795 SW 6 Street Plantation, FL. 33324</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>George Allen 7795 SW 6 Street Plantation, FL. 33324</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kevin Tyson 7795 SW 6 Street Plantation, FL. 33324</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <span style="float: right;"><b>5/5/08</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					