

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000024680

FILED
Apr 17, 2006
Secretary of State

Entity Name: WASTE REDUCTION CONSULTANTS, INC.

Current Principal Place of Business:

645 MAYPORT RD
STE 5
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

PO BOX 50217
JACKSONVILLE BCH, FL 32240

New Mailing Address:

FEI Number: 59-3517736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASPAR, BRYCE CEO
1221 4TH AVE N
JACKSONVILLE BEACH, FL 32250 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: CEO () Delete
Name: KASPAR, BRYCE A
Address: 1221 4TH AVE N
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: COO () Delete
Name: MANDEVILLE, CRAIG W
Address: 2033 MARSH POINT RD
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COO (X) Change () Addition
Name: MANDEVILLE, CRAIG W
Address: 1717-B 2ND ST. N
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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: BRYCE KASPAR

CEO

04/17/2006

Electronic Signature of Signing Officer or Director

Date