


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000065320

1. Entity Name
TRASH BUSTERS USA, INC.



Principal Place of Business
3001 S.E. GRAN PARK WAY
STUART, FL 34997

Mailing Address
3001 S.E. GRAN PARK WAY
STUART, FL 34997

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0936082 Applied For
 (Not Applicable)

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, JOHN L
611 SW TIMBER TRL
STUART, FL 34994

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000381939
 01/11/06-80074-016 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'BRIEN, BARBARA
STREET ADDRESS	611 TIMBER TR
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	O'BRIEN, JOHN
STREET ADDRESS	611 TIMBER TR
CITY-ST-ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Barbara O'Brien 1-6-06 772-221-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BARBARA O'BRIEN