## FILED 2006 FOR PROFIT CORPORATION Mar 13, 2006 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P99000100124 1. Entity Name ONE WASTE SERVICES, INC. Mailing Address Principal Place of Business 5212 HAMMOCK CIRCLE 5212 HAMMOCK CIRCLE ST. CLOUD, FL 34771-8761 ST. CLOUD, FL 34771-8761 02272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3617913 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent PRUIM, RONALD J JR DO NOT WRITE 2263 CLARK STREET APOPKA, FL 32703 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 eccept the obligations of registered agent. SIGNATURE\_ DATE Signature, typed or printed name of registered agent and title if applicable. INCITE: Recistered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PRUIM, RONALD J JR. NAME STREET ADDRESS 5212 HAMMOCK CIRCLE CITY-ST-DP SAINT CLOUD, FL 347718761 DILE NAME PRUIM, RONALD J SR 11100001465720 STREET ADDRESS 319 SPEYSIDE LANE 03/22/06-80048-007 150.00 CITY-ST-ZIP APOPKA, FL 32712 PRUIM, BEVERLY J NAME 319 SPEYSIDE LANE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP APOPKA, FL 32712 IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-72 MALE NAME

12. I hereby certify that the information supplied with this filling 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 of 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;

STREET ADDRESS

MATURE AND THEO OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

2/28/06

407-522-1498