2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000107394

FILED Jan 29, 2008 Secretary of State

Entity Name: INDEPENDENT WASTE CONSULTAN	ITS, INC.
Current Principal Place of Business:	New Principal Place of Business:
498 PALM SPRINGS DRIVE SUITE 100 ALTAMONTE SPRINGS, FL 32701	237 S WESTMONTE DR SUITE 305 ALTAMONTE SPRINGS, FL 32714
Current Mailing Address:	New Mailing Address:
498 PALM SPRINGS DRIVE SUITE 100 ALTAMONTE SPRINGS, FL 32701	237 S WESTMONTE DR SUITE 305 ALTAMONTE SPRINGS, FL 32714
FEI Number: 59-3614072 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
KLINE, VICTOR S GREENSPOON, MARDER, HIRSCHFELD, ET AL, PA 135 W. CENTRAL BLVD., SUITE 1100 ORLANDO, FL 32801 US	
The above named entity submits this statement for the lin the State of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Ag	ent Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: D () Delete Name: MUSZYNSKI, CHARLES A	Title: D (X) Change () Addition Name: MUSZYNSKI, CHARLES A

498 PALM SPRINGS DRIVE STE 100 Address: 237 S WESTMONTE DR #305 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 Title: () Delete Title: (X) Change () Addition STAIMAN, MARSHALL STAIMAN, MARSHALL Name: Name: 498 PALM SPRINGS DR SUITE 100 Address: Address: 237 S WESTMONTE DR #305 ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32714 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES MUSZYNSKI D 01/29/2008