

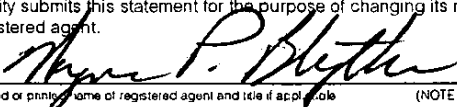
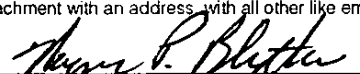


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S11184 1. Entity Name BLYTHE ENVIRONMENTAL INC.						FILED 05 SEP 26 PM 1:16 SECRETARY OF STATE 	
Principal Place of Business 4248 SE COMMERCE AVE STUART FL 34997 US				Mailing Address 4248 SE COMMERCE AVE STUART FL 34997 US			
2. Principal Place of Business 5782 SE HULL ST Suite, Apt. #, etc.		3. Mailing Address 5782 SE HULL ST Suite, Apt. #, etc.		2nd MOORE CR2E034 (5/05)			
City & State STUART FLORIDA		City & State STUART FLORIDA		4. FEI Number 65-0221157		Applied For <input type="checkbox"/> Not Applicable	
Zip 34997 Country USA		Zip 34997 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BLYTHE, WAYNE 4248 SE COMMERCE AVENUE STUART FL 34997				7. Name and Address of New Registered Agent Name WAYNE P. BLYTHE Street Address (P.O. Box Number is Not Acceptable) 5782 SE HULL STREET City STUART FL 34997			
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  WAYNE P. BLYTHE PRESIDENT 8/23/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD <input type="checkbox"/> Delete NAME BLYTHE, WAYNE STREET ADDRESS 4248 SE COMMERCE AVE CITY-ST-ZIP STUART FL 34997				TITLE P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME WAYNE P. BLYTHE STREET ADDRESS 5782 SE HULL STREET CITY-ST-ZIP STUART FLORIDA 34997			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 100060087411 CITY-ST-ZIP 09/29/05--01062--015 **150.00			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  WAYNE P. BLYTHE PRESIDENT 8/23/05 (772) 287-0549 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							