2005 FOR PROFIT CORPORATION ANNUAL REPORT May 31, 2005 08:00 AN

FILED

1. Entity Nam ENVIRON Principal Place 1701 BIOTE	NMENTAL BIOTECH, INC. ce of Business N CH WAY	tailing Address 1701 BIOTECH WAY		Secretary of State
SARASOTA, I	FL 34243 US	SARASOTA, FL 34243 US		
E	OO NOT WRITE II	-	CE	01272005 No Chg-P CR2E034 (10/03) 4. FEI Number
1701 BIOT	6. Name and Address of Current Regineral MILLIAM F. FECH WAY TA, FL 34243	stered Agent		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 Signature types or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when renstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees				
TITLE NAME STRECT ADDRESS CITY-ST-ZIP TITLE NAME	P HADLEY, WILLIAM F 398 BOBWHITE DRIVE SARASOTA, FL 34236	CTORS # 5		U00000368771 05/31/05-80017-001 600.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE			to the state of th	
NAME SIREEI ADDRESS CITY-ST-ZIP	pertify that the information supplied with this f	iling does not qualify for the exer	notion stated in Se	ection 119.07(3)(i). Florida Statutes, I further certify that the information
12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature should be corporation or the receiver or truyled empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered. SIGNATURE:				same legal effect as if made under oath, that I am an officer or director if, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPPICER OR DIRECTOR DATE DATE DATE DATE DATE DATE DATE DATE				

Wilkim Hoder