

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 14, 2009  
Secretary of State**

DOCUMENT# F04000002661

Entity Name: MINERAL RESOURCE TECHNOLOGIES, INC.

**Current Principal Place of Business:**

920 MEMORIAL CITY WAY  
SUITE 100  
HOUSTON, TX 77024 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1500  
HOUSTON, TX 77251 US

**New Mailing Address:**

FEI Number: 22-3407010      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PEREZ, GILBERTO  
Address: 920 MEMORIAL CITY WAY, SUITE 100  
City-St-Zip: HOUSTON, TX 77024 US

Title: P ( ) Delete  
Name: SHANNONHOUSE, HUGH  
Address: 920 MEMORIAL CITY WAY, SUITE 100  
City-St-Zip: HOUSTON, TX 77024 US

Title: S ( ) Delete  
Name: EDGELLER, THOMAS J  
Address: 920 MEMORIAL CITY WAY, SUITE 100  
City-St-Zip: HOUSTON, TX 77024 US

Title: VP ( ) Delete  
Name: SMITH, DORRANCE K  
Address: 920 MEMORIAL CITY WAY, SUITE 100  
City-St-Zip: HOUSTON, TX 77024 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: SMITH, DORRANCE K  
Address: 920 MEMORIAL CITY WAY, SUITE 100  
City-St-Zip: HOUSTON, TX 77024 US

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: DORRANCE K SMITH

V

07/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date