


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000081671		
1. Entity Name ENERGY GREEN INC		

FILED
2008 APR 21 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1025 SW 7TH AVE 2 MIAMI, FL 33130 US	Mailing Address 1025 SW 7TH AVE 2 MIAMI, FL 33130 US
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2. Principal Place of Business - No P.O. Box # 1214 SW 36 AVE.	3. Mailing Address 1214 SW 36 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04172008 Chg-P CR2E034 (12/06)

City & State Miami, FL	City & State Miami, FL	4. FEI Number 26-0549358	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33135	Country	Zip 33135	Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PBA FINANCIAL SERVICES CORP 174 NE 96 ST MIAMI, FL 33138		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHALELA, PABLO 1025 SW 7TH AVE SUITE 2 MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1214 SW 36 AVE. Miami, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARQUEZ, LUIS 1025 SW 7TH AVE SUITE 2 MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600124813906 04/21/08--01007--017 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **Date** 04 _____ **Daytime Phone #** _____