

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000082726

FILED  
Jun 14, 2011  
Secretary of State

Entity Name: EFUEL EFN, CORP.

**Current Principal Place of Business:**

13902 N. DALE MABRY HWY  
STE 225  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

13902 N. DALE MABRY HWY  
STE 225  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 59-3638624      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CILLO, JOSEPH P  
13902 N. DALE MABRY HWY  
SUITE 287  
TAMPA, FL 33618 US

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

CILLO, JOSEPH P  
13902 N. DALE MABRY HWY  
SUITE 225  
TAMPA, FL 33618 US

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

06/14/2011

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: CILLO, JOSEPH P  
Address: 13902 N DALE MABRY, SUITE 225  
City-St-Zip: TAMPA, FL 33618

Title: SEC  
Name: COON, CANDIS  
Address: 13902 N. DALE MABRY HWY. SUITE 225  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: ASTRITA, DOMINIC  
Address: 13902 N. DALE MABRY HWY STE 225  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: WINSLOW, RICHARD  
Address: 13902 N. DALE MABRY HWY STE 225  
City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH CILLO

Electronic Signature of Signing Officer or Director

CEO

06/14/2011

Date