2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # P93000066092** 1. Entity Name RECYCLING TECHNOLOGIES, INC. Principal Place of Business Mailing Address 115 25TH AVE NE PO BOX 76435 ST. PETE, FL 33704 ST. PETE. FL 33734 US 04142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3198065 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent TIGHE, DAVID J DO NOT WRITE 115 25TH AVE NE ST. PETE, FL 33704 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 NO CHANGES the obligations of registered (NOTE, Registered Agent signature required whon rematating) DATE d spent and this & applicable \$5.00 May Be 9. Election Campaign Financing File NOW!!! FEE is \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TILE បង MAME TIGHE, DAVID STREET ADDRESS 115 25TH AVE NE CXTY-ST-ZIP ST. PETE, FL 33704 U00000120693 TITLE 74/20/04-80020-006 150.00 NAME STREET ADDRESS CITY-ST-ZP กละ **MAG** STREET ADDRESS DO NOT WRITE CMY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CSTY-ST-ZIP TILLE HAME STREET ADDRESS CTTY-ST-ZP RRE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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.

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G OFFICER OR DIRECTOR

SIGNATURE: