

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 372143

FILED
Mar 13, 2008
Secretary of State

Entity Name: EXPLOSIVE ENERGIES CO. INC.

Current Principal Place of Business:

750 N ATLANTIC AVE
APT# 1406
COCOA BEACH, FL 32931 US

New Principal Place of Business:

Current Mailing Address:

750 N ATLANTIC AVE
APT # 1406
COCOA BEACH, FL 32931 US

New Mailing Address:

FEI Number: 59-1310154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OREN,PAUL E
750 N ATLANTIC AVE
COCOA BEACH, FL 32931 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCM () Delete
Name: OREN,PAUL E,
Address: 750 N ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931 US

Title: D () Delete
Name: OREN, THAD,
Address: 2935 N TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: D () Delete
Name: NICOL, LANIA OREN
Address: 155 BURNT PINE DR.
City-St-Zip: NAPLES, FL 34119 US

Title: TD () Delete
Name: OREN, CRAIG D.,
Address: 1782 TAYLOR CREEK ROAD
City-St-Zip: WEEMS, VA 22576 US

Title: SD () Delete
Name: OREN, KATHRYN E
Address: 750 N ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931

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

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

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: PAUL E OREN

PCM

03/13/2008

Electronic Signature of Signing Officer or Director

_____ Date