2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 AN Secretary of State

DOCUMENT # F0300006478 1. Entity Name MUSHROOM SUBSTRATE TECHNOLOGIES, INC.					Sec	retary of State
649 W. SOUT KENNETT SQ	TH STREET 6	oiling Address 49 W. SOUTH STREET ENNETT SQUARE, PA 19348				
	v — am a d'any , Parambagan kaominina					
DO NOT WRITE IN THIS SPACE			01112006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 23-2887162 Not Applied be			
					of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and talls if applicable. [NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				i.00 May Be U000003\$5232 U1/26/06-80043-001 150.00		
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD PIA, MICHAEL L 649 W SOUTH STREET KENNETT SQUARE, PA 19348	CTORS			en e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PIA, JOHN J 649 W SOUTH STREET KENNETT SQUARE, PA 19348					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SP	ACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				······································		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR