2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000844

Entity Name: ENERFUEL, INC.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Jan 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1501 NORTHPOINT PARKWAY SUITE 101 WEST PALM BEACH, FL 33407 US **Current Mailing Address: New Mailing Address:** 500 WEST CYPRESS CREEK ROAD, SUITE 100 FORT LAUDERDALE, FL 33309 FEI Number: 20-2251858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WOLFE, CURTIS SHARIFF, MICHAEL M 500 WEST CYPRESS CREEK ROAD, SUITE 100 500 WEST CYPRESS CREEK ROAD, SUITE 100 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 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: M. SHARIFF 01/03/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GASSENHEIMER, CHARLES Name: Name: 500 W. CYPRESS CREEK RD., STE 100 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 US City-St-Zip: Title: Title: () Delete () Change () Addition HODGE, REX Name: Name: 1501 NORTHPOINT PKWY., STE. 101 Address: Address: WEST PALM BEACH, FL 33407 US City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition VΡ KRISHNAIYER, RAMESH KRISHNAIYER, RAMESH Name: Name: 1501 NORTHPOINT PKWY., STE, 101 500 W. CYPRESS CREEK RD. SUITE 100 Address: Address: WEST PALM BEACH, FL 33407 US City-St-Zip: FORT LAUDERDALE, FL 33309 US City-St-Zip: Title: () Delete Title: (X) Change () Addition WOLFE, CURTIS SHARIFF, MICHAEL M

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: M. SHARIFF S 01/03/2008

500 W. CYPRESS CREEK RD., SUITE 100

FORT LAUDERDALE, FL 33309 US

() Delete

500 W. CYPRESS CREEK RD., SUITE 100

500 W. CYPRESS CREEK RD., SUITE 100

() Change (X) Addition

FORT LAUDERDALE, FL 33309 US

FORT LAUDERDALE, FL 33309

NOVAK, PETER