

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006233

Entity Name: ALGENOL BIOFUELS INC.

FILED
Jan 23, 2008
Secretary of State

Current Principal Place of Business:

13601 PONDVIEW CIRCLE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

13601 PONDVIEW CIRCLE
NAPLES, FL 34119

New Mailing Address:

FEI Number: 03-0591679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, PAUL
13601 PONDVIEW CIRCLE
NAPLES, FL 34119 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: CP () Delete
Name: WOODS, PAUL
Address: 13601 PONDVIEW CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: DCOO () Delete
Name: LEGERE, EDWARD J
Address: 9719 EAGLE POINT LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: T () Delete
Name: LEGERE, EDWARD J
Address: 9719 EAGLE POINT LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: S () Delete
Name: ADAMS, ROGER GENCOUN
Address: 1775 SHERM STREET STE 2040
City-St-Zip: DENVER, CO 80203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: WOODS, PAUL
Address: 13601 PONDVIEW CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: SVP (X) Change () Addition
Name: LEGERE, EDWARD J
Address: 9719 EAGLE POINT LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: COO (X) Change () Addition
Name: SMITH, CRAIG R M.D.
Address: 13910 WILLISTON WAY
City-St-Zip: NAPLES, FL 34119

Title: TRES (X) Change () Addition
Name: SCHALLER, TIMOTHY CPA
Address: 1700 UNION AVENUE, SUITE A
City-St-Zip: BALTIMORE, MD 21211

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 WOODS

CEO

01/23/2008

Electronic Signature of Signing Officer or Director

Date