

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000006854

1. Entity Name
RENEWABLE ENERGY SYSTEMS AMERICAS INC.



Principal Place of Business Mailing Address
9050 CAPITAL OF TEXAS HIGHWAY NORTH STE390 9050 CAPITAL OF TEXAS HIGHWAY NORTH STE390
AUSTIN, TX 78759 AUSTIN, TX 78759

DO NOT WRITE IN THIS SPACE



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number
95-4683730

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	FRYLING, VICTOR J
STREET ADDRESS	34369 RAMBLE HILLS
CITY-ST-ZIP	FARMINGTON HILLS, MI 48331
TITLE	D
NAME	EVANS, BRIAN R
STREET ADDRESS	9050 CAPITAL OF TEXAS HIGHWAY NORTH STE390
CITY-ST-ZIP	AUSTIN, TX 78759
TITLE	D
NAME	MARACZYNSKI, CRAIG
STREET ADDRESS	9050 CAPITAL OF TEXAS HIGHWAY NORTH STE390
CITY-ST-ZIP	AUSTIN, TX 78759
TITLE	D
NAME	MCALPINE, GAVIN
STREET ADDRESS	9050 CAPITAL OF TEXAS HIGHWAY NORTH STE390
CITY-ST-ZIP	AUSTIN, TX 78759
TITLE	D
NAME	MAYS, IAN D
STREET ADDRESS	9050 CAPITAL OF TEXAS HIGHWAY NORTH STE390
CITY-ST-ZIP	AUSTIN, TX 78759
TITLE	D
NAME	MORGAN, CHRIS
STREET ADDRESS	9050 CAPITAL OF TEXAS HIGHWAY NORTH STE390
CITY-ST-ZIP	AUSTIN, TX 78759

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #