

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000919

Entity Name: NEXGEN BIOFUELS, INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

2533 WINDGUARD CIRCLE SUITE 102  
WESLEY CHAPEL, FL 33543

## New Principal Place of Business:

8905 REGENTS PARK DR  
210  
TAMPA, FL 33647

## Current Mailing Address:

2533 WINDGUARD CIRCLE SUITE 102  
WESLEY CHAPEL, FL 33543

## New Mailing Address:

8905 REGENTS PARK DR  
210  
TAMPA, FL 33647

FEI Number: 20-5442474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAM, AJJARAPU  
2533 WINDGUARD CIRCLE SUITE 102  
WESLEY CHAPEL, FL 33543 US

## Name and Address of New Registered Agent:

RAM, AJJARAPU  
8905 REGENTS PARK DR  
210  
TAMPA, FL 33647 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: RAM AJJARAPU

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete  
Name: AJJARAPU, ARUNA  
Address: 9120 ROCKROSE DR  
City-St-Zip: TAMPA, FL 33647

Title: VDS (X) Delete  
Name: AJJARAPU, RAM  
Address: 9120 ROCKROSE DR  
City-St-Zip: TAMPA, FL 33647

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS (X) Change ( ) Addition  
Name: AJJARAPU, RAM  
Address: 9120 ROCKROSE DR  
City-St-Zip: TAMPA, FL 33647

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: RAM AJJARAPU

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date