
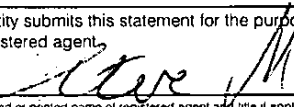
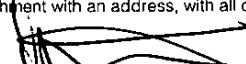


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90062 013 \*\*\*150.00

DOCUMENT # F07000001360			
1. Entity Name AMERICAN SOIL TECHNOLOGIES, INC.			
Principal Place of Business 12224 MONTAGUE STREET PACOIMA, CA 91331		Mailing Address 12224 MONTAGUE STREET PACOIMA, CA 91331	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 95-4780218		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>NIELSEN, RAYMOND J</del> <del>18744 TITUS ROAD</del> <del>HUDSON, FL 34067</del>		Name Steve Brosh Street Address (P.O. Box Number is Not Acceptable) 18744 Titus Rd City Hudson FL Zip Code 34667	
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  Steve Brosh		2/6/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C VISCO, LOUIE <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12224 MONTAGUE STREET	NAME	
STREET ADDRESS	PACOIMA, CA 91331	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DPT RANNO, CARL P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12224 MONTAGUE STREET	NAME	
STREET ADDRESS	PACOIMA, CA 91331	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DV KITCHEN, NEIL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12224 MONTAGUE STREET	NAME	
STREET ADDRESS	PACOIMA, CA 91331	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BAKER, SCOTT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12224 MONTAGUE STREET	NAME	
STREET ADDRESS	PACOIMA, CA 91331	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S VISCO, DIANA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12224 MONTAGUE STREET	NAME	
STREET ADDRESS	PACOIMA, CA 91331	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  Diana Visco		Secretary 1/28/08 818 899 4686	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	