

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002088

Entity Name: E.D. & F. MAN BIOFUELS INC.

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

365 CANAL ST., STE. 2900
NEW ORLEANS, LA 70130

New Principal Place of Business:

Current Mailing Address:

365 CANAL ST., STE. 2900
NEW ORLEANS, LA 70130

New Mailing Address:

FEI Number: 13-3973593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: D () Delete
Name: WATTS, ANTHONY R.
Address: 365 CANAL ST., STE. 2900
City-St-Zip: NEW ORLEANS, LA 70130

Title: D () Delete
Name: DELOACH, WOOCHEE
Address: 365 CANAL ST., STE. 2900
City-St-Zip: NEW ORLEANS, LA 70130

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/D (X) Change () Addition
Name: FALSHAW, IAN
Address: 365 CANAL ST., STE. 2900
City-St-Zip: NEW ORLEANS, LA 70130

Title: TR/D (X) Change () Addition
Name: DELOACH, WOOCHEE
Address: 365 CANAL ST., STE. 2900
City-St-Zip: NEW ORLEANS, LA 70130

Title: O () Change (X) Addition
Name: ADAMS, OLIVIA
Address: 365 CANAL ST., SUITE 2900
City-St-Zip: NEW ORLEANS, LA 70130

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: WOOCHEE DELOACH

TR/D

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date