## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000003621

Entity Name: NEXT FILTRATION TECHNOLOGIES, INC.

FILED Apr 10, 2008 Secretary of State

Littly Na	me. NEXT FIETRATION FECTINOLOGIES,	NO.
Current P	rincipal Place of Business:	New Principal Place of Business:
6542 HYPOLUXO RD., STE 362 LAKE WORTH, FL 33467		6586 HYPOLUXO RD., STE 362 LAKE WORTH, FL 33467
Current M	nt Mailing Address: HYPOLUXO RD., STE 362 WORTH, FL 33467  Inber: FEI Number Applied For ( ) FEI Num and Address of Current Registered Agent:  S. & GIARDINO, P.A. RKONA CT. PALM BEACH, FL 33401 US  Dove named entity submits this statement for the purpose of State of Florida.  ATURE:  Electronic Signature of Registered Agent in Campaign Financing Trust Fund Contribution ( ).  CERS AND DIRECTORS:  P ( ) Delete FOX, STEPHEN H. S. 6542 HYPOLUXO RD., STE 362 Zip: LAKE WORTH, FL 33467  VP ( ) Delete SLOVAK, ROBERT A. S. 5190 NEIL RD., STE. 430 Zip: RENO, NV 89502  T ( ) Delete GUCCIARDI, STEPHEN	New Mailing Address:
6542 HYPOLUXO RD., STE 362 LAKE WORTH, FL 33467		6586 HYPOLUXO RD., STE 362 LAKE WORTH, FL 33467
FEI Number	: FEI Number Applied For ( )	FEI Number Not Applicable (X) Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
<b>201 ARKO</b>	NA CT.	
		ourpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered Age	ent Date
Election Car	mpaign Financing Trust Fund Contribution ( ).	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	FOX, STEPHEN H. 6542 HYPOLUXO RD., STE 362 LAKE WORTH, FL 33467  VP ( ) Delete SLOVAK, ROBERT A. 5190 NEIL RD., STE. 430 RENO, NV 89502  S ( ) Delete SLOVAK, JACK P. 5190 NEIL RD., STE. 430	Title: P (X) Change () Addition Name: FOX, STEPHEN H. Address: 6586 HYPOLUXO RD., STE 362 City-St-Zip: LAKE WORTH, FL 33467  Title: () Change () Addition Name: Address: City-St-Zip:  Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address:	1 7	Title: T (X) Change ( ) Addition Name: GUCCIARDI, STEPHEN Address: 6586 HYPOLUXO RD., STE 362

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.

City-St-Zip:

LAKE WORTH, FL 33467

SIGNATURE: STEPHEN GUCCIARDI T 04/10/2008

LAKE WORTH, FL 33467

City-St-Zip: