2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 03, 2004 8:00 am Secretary of State DOCUMENT # F9600000754 05-03-2004 90446 042 ***150.00 BIOMASS PROCESSING TECHNOLOGY, INC. Principal Place of Business Mailing Address 3222 COMMERCE PL 3222 COMMERCE PL STE A WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0638890 Not Applicable Zíp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DENNEY, LARRY W Street Address (P.O. Box Number is Not Acceptable) 12871 COMPTON RD LOXAHATCHEE, FL 33470 Zip Code FL 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 arm familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE Director Addition Change Donald E Henderson DENNEY, LARRY W NAME NAME 12871 COMPTON ROAD 211 West Street Pendleton, IN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE, FL CITY-ST-ZIP ☐ Change Delete Addition Director Donald E. Orr Js 819 Pebble Brook PLACE Noblestille, IN 4606 SIMPSON, JACK B NAME NAME STREET ADDRESS 7139 CRYSTAL LAKE DR STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33411 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition DENNEY, PEGGY J NAME NAME HATE ROOM 144 STREET ADDRESS 12871 COMPTON RD STREET ADDRESS LOXAHATCHEE, FL 33470 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SCHROEDER, RICHARD M NAME NAME STREET ADDRESS 4249 NW 56TH WAY STREET ADDRESS CFTY-ST-ZIP GAINESVILLE, FL 32606 CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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.

FILED