


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90359 013 ***150.00

DOCUMENT # F96000000754
 1. Entity Name
BIOMASS PROCESSING TECHNOLOGY, INC.



Principal Place of Business Mailing Address
 3222 COMMERCE PL 3222 COMMERCE PL
 STE A STE A
 WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 US

60029614



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04192006 Chg-P CR2E034 (11/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0638890 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 DENNEY, LARRY W
 12871 COMPTON RD
 LOXAHATCHEE, FL 33470

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMPSON, JACK B	
STREET ADDRESS	7139 CRYSTAL LAKE DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	SIMPSON, JACK B	
STREET ADDRESS	7139 CRYSTAL LAKE DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	S	<input type="checkbox"/> Delete
NAME	DENNEY, PEGGY J	
STREET ADDRESS	12871 COMPTON RD	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POE, STANLEY E	
STREET ADDRESS	2207 W STATE RD 144	
CITY-ST-ZIP	FRANKLIN, IN 46131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, DONALD D	
STREET ADDRESS	211 WEST STREET	
CITY-ST-ZIP	PENDLETON, IN 46064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ORR, DONALD E JR	
STREET ADDRESS	519 PEBBLE BROOK PLACE	
CITY-ST-ZIP	NOBLESVILLE, IN 46060	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDRA McDONALD	
STREET ADDRESS	3913 SW 5th PLACE	
CITY-ST-ZIP	CAPE CORAL, FL 33915	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.E. MACALLISTER	
STREET ADDRESS	7515 E. 30th St.	
CITY-ST-ZIP	INDIANAPOLIS, IN 46219	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIP GOOD	
STREET ADDRESS	200 N. MAIN ST	
CITY-ST-ZIP	KEWNAE, IL 61443	
TITLE	PCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY W. DENNEY	
STREET ADDRESS	12871 COMPTON RD	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT F. KENDALL	
STREET ADDRESS	433 GOLDENWOOD RD.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Peggy J Denney Peggy J Denney 4/19/06 561-681-6611
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #