

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033946

Entity Name: E FUELS, LLC

FILED
May 15, 2008
Secretary of State

Current Principal Place of Business:

4802 EAGLE DRIVE
FORT PIERCE, FL 34951 US

New Principal Place of Business:

Current Mailing Address:

4802 EAGLE DRIVE
FORT PIERCE, FL 34951 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SAMMARTANO, YVES V MR
4802 EAGLE DRIVE
FORT PIERCE, FL 34951 US

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: YVES V. SAMMARTANO

05/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAMMARTANO, YVES V
Address: 4802 EAGLE DRIVE
City-St-Zip: FORT PIERCE, FL 34951 US

Title: MGRM () Delete
Name: HULTON, DUSTIN B
Address: 4802 EAGLE DRIVE
City-St-Zip: FORT PIERCE, FL 34951 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HULTON, DUSTIN B
Address: 2737 BELLEWATER PLACE
City-St-Zip: OVIEDO, FL 32765 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: YVES V. SAMMARTANO

MR

05/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date