2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P00000081005

Entity Name: EN TECHNOLOGIES CORPORATION

Current Principal Place of Business:

1500 SAN REMO AVE
SUITE 280
CORAL GABLES, FL 33146

New Principal Place of Business:

1172 S. DIXIE HIGHWAY
SUITE 556
CORAL GABLES, FL 33146 US

Current Mailing Address:

1500 SAN REMO AVE.
SUITE 280
CORAL GABLES, FL 33146

New Mailing Address:

1172 S DIXIE HIGHWAY
SUITE 556
CORAL GABLES, FL 33146 US

FEI Number: 65-1038796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FILIPPUCCI, JAMES M CFO
1500 SAN REMO AVE.
SUITE 280
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

FILIPPUCCI, JAMES M CFO
1172 S. DIXIE HIGHWAY
SUITE 556
CORAL GABLES, FL 33146 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: _____ 04/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: COO ( ) Delete
Name: GOODWIN, TERENCE J MR.
Address: 359 SW 159TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: CEO ( ) Delete
Name: WHITE, ANTONY MR.
Address: 1500 SAN REMO AVE. # 280
City-St-Zip: CORAL GABLES, FL 331463041 US

Title: CFO ( ) Delete
Name: FILIPPUCCI, JAMES M MR.
Address: 1500 SAN REMO AVE. # 280
City-St-Zip: CORAL GABLES, FL 331463041 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CEO (X) Change ( ) Addition
Name: WHITE, ANTONY MR.
Address: 359 SW 159TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: CFO (X) Change ( ) Addition
Name: FILIPPUCCI, JAMES M MR.
Address: 5681 SW 59 PLACE
City-St-Zip: SOUTH MIAMI, FL 33143 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 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: JAMES M/ FILIPPUCCI CFO 04/30/2009
Electronic Signature of Signing Officer or Director — Date