2007 FOR PROFIT CORPORATION

FILED Apr 06, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P00000108167 04-06-2007 90056 001 ***300.00 GASTECH SYSTEMS, INC. Principal Place of Business Mailing Address 2738 CRAG ST #2 2738 CRAIG ST #2 FT. MYERS, FL 33901 FT. MYERS, FL 33901 CR2E034 (11/05) 03062007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1056070 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JENKINS, RUSTIN J DO NOT WRITE 2738 CRAG ST. FT. MYERS, FL 33901 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME JENKINS, RUSTIN J STREET ADDRESS 2738 CRAG ST. CITY-ST-ZIP FT. MYERS, FL 33901 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this thing 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 the 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:

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #