2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE:

Apr 14, 2004 8:00 am Secretary of State **DOCUMENT # P01000047320** 1. Entity Name 04-14-2004 90054 046 ***150.00 ECOLOGYNET, INC. Principal Place of Business Mailing Address 1401 A CLEVELANDST 1401 ACLEVELANDST CLEARWATER FL 33755 CLEARMATER FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092004 CR2E034 (10/03) Chg-P Applied For City & State 4. FEI Number City & State 59-3719042 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required =7:=Name and Address of New Registered Agent====== 6. Name and Address of Current Registered Agent = Name ZIEHE, HELMUT Street Address (P.O. Box Number is Not Acceptable) 1401 A CLEVELAND ST CLEARWATER, FL 33755 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 harve of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when relestating)... 79 % 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. M Change Addition PVP ☐ Delete TITLE TITLE ZIEHE, HELMUT NAME NAME 1401A CLEVELAND STREET STREET ADDRESS 1401 CLEVELAND STREET STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33755 CITY-ST-ZIP Change TITLE Addition ST ☐ Delete THE NAME ZIEHE, HELMUT NAME 1401A CLEVELAND STREET 1401 CLEVELAND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33755 CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition THUE THE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this they 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 suppliemental report is fue 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 in Block 11 in Block 10 or Block 11 in Block 10 or Block 11 in Block 10 or Block 11 in accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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