

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051278

FILED
Jan 21, 2005
Secretary of State

Entity Name: MRM/AMERICAN GAS SERVICES, INC.

Current Principal Place of Business:

1270 GULF BOULEVARD #1406
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

1270 GULF BOULEVARD #1406
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 59-3729593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUELLER, HAROLD J
1270 GULF BOULEVARD #1406
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: MUELLER, HAROLD
Address: 1270 GULF BOULEVARD #1406
City-St-Zip: CLEARWATER, FL 33767

Title: PD () Delete
Name: KLUMB, DENNIS
Address: 19705 LINCOLN AVE
City-St-Zip: NEW BERLIN, WI

Title: DS () Delete
Name: WONG, DENNIS
Address: 3971 S. CIRCLE
City-St-Zip: LARGO, FL 33774

Title: VPD () Delete
Name: MUCLLER, ROBERT
Address: 315 BELLEVIEW BLVD
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: CHAUNLI, ZHOU
Address: 50 LONG TAN ROAD
City-St-Zip: TAIRN, SHANGDONG, CHIVA, 271000

Title: D () Delete
Name: NELSON, DELAINE
Address: 1270 GULF BLVD 1503
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: KLUMB, DENNIS
Address: 19705 LINCOLN AVE
City-St-Zip: NEW BERLIN, WI 53151

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

Title: VPD (X) Change () Addition
Name: MUELLER, ROBERT
Address: 315 BELLEVIEW BLVD
City-St-Zip: CLEARWATER, FL 33756

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT J MUELLER

VPD

01/21/2005

Electronic Signature of Signing Officer or Director

_____ Date