


2004 FOR PROFIT CORPORATION ANNUAL REPORT

| | |
|---|---|
| DOCUMENT # P01000059825 |  |
| 1. Entity Name HUTH INDUSTRY TECHNIC, INC. | |

FILED
04 APR 30 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 1045 MERRITT DRIVE TALLAHASSEE, FL 32301 | Mailing Address 1045 MERRITT DRIVE TALLAHASSEE, FL 32301 |
|--|--|



| | |
|---|---|
| 2. Principal Place of Business 2750 Old St. Augustine Rd Suite, Apt. #, etc. N145 City & State Tallahassee, FL Zip 32301 Country USA | 3. Mailing Address 2750 Old St. Augustine Rd Suite, Apt. #, etc. N145 City & State Tallahassee, FL Zip 32301 Country USA |
|---|---|

04292004 Chg-P CR2E034 (10/03)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent PARALEGAL & ATTORNEY SERVICE BUREAU, INC. 1045 MERRITT DRIVE TALLAHASSEE, FL 32301 | 7. Name and Address of New Registered Agent Name Brendan G. Stattery Street Address (P.O. Box Number is Not Acceptable) 2750 Old St. Augustine Rd. N145 City Tallahassee FL Zip Code 32301 |
|---|--|

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 Brendan G. Stattery DATE 4/28/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HUTH, MALTE P.O. BOX 1305 STARNBERG GERMANY, D-82319, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500035820665 05/10/04--01072--011 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing 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 supplemental report is true 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: Malte Huth DATE 4/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #