2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 15, 2004 08:00 AM **Secretary of State** DOCUMENT # P01000073103 1. Entity Name LEAN TECHNOLOGIES INC. Principal Place of Business Majling Address 1471 STILLWATER DRIVE 1471 STILLWATER DRIVE MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 07072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1127107 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KALHIL, FARYT 1471 STILLWATER DRIVE MIAMI BEACH, FL 33141 IN THIS SPACE 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 8. The above named e the obligations: 7-12-04 SIGNATURE (NOTE, Registered Agent signature required when reinstating) of name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Ш Added to Fees corporation did not receive the prior notice. Trust Fund Contribution. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE U00000166392 07/15/04-80006-023 150.00 NAME KALHIL, FARYT 1471 STILLWATER DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 turstee 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 attaching the will be applicated by the supplemental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching the will be applicated by the supplemental report in the supplemental report is the supplemental report

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-04

FILED

Daytime Phone s