

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020895

Entity Name: BIOMASS INVESTMENT GROUP, INC.

FILED  
Jan 11, 2005  
Secretary of State

## Current Principal Place of Business:

125 S. ALCANIZ ST., STE. 1  
PENSACOLA, FL 32501

## New Principal Place of Business:

1198 GULF BREEZE PARKWAY  
SUITE 6  
GULF BREEZE, FL 32561

## Current Mailing Address:

P.O. BOX 217  
GULF BREEZE, FL 32562

## New Mailing Address:

1198 GULF BREEZE PARKWAY  
SUITE 6  
GULF BREEZE, FL 32561

FEI Number: 04-7770548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHARPE, ALLEN  
125 S. ALCANIZ ST., STE. 1  
PENSACOLA, FL 32501 US

## Name and Address of New Registered Agent:

SHARPE, ALLEN  
1198 GULF BREEZE PARKWAY  
SUITE 6  
GULF BREEZE, FL 32561 US

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: ALLEN SHARPE

01/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHARPE, ALLEN  
Address: PO BOX 217  
City-St-Zip: GULF BREEZE, FL 32562

Title: S ( ) Delete  
Name: LITTLE, JIM  
Address: PO BOX 217  
City-St-Zip: GULF BREEZE, FL 32562

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition  
Name: LITTLE, JIM  
Address: 2822 SAFARI COURT  
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Change (X) Addition  
Name: MILLS, KEVIN  
Address: 1649 SMUGGLERS COVE  
City-St-Zip: GULF BREEZE, FL 32563

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: ALLEN SHARPE

D

01/11/2005

Electronic Signature of Signing Officer or Director

Date