

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128909

Entity Name: HYDROGAIN TECHNOLOGIES, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

3260 NW 23RD AVE
SUITE 1100 E
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

3260 NW 23RD AVE.
SUITE 1100 E
POMANO BEACH, FL 33069

New Mailing Address:

FEI Number: 52-2413068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCHOLECAS, MILTON
3260 NW 23RD AVE.
SUITE 1100 E
POMPANO BEACH, FL 33069 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: P () Delete
Name: ARCHOLECAS, MILTON
Address: 3260 NW 23RD AVE. # 1100 E
City-St-Zip: POMPANO BEACH, FL 33069

Title: S (X) Delete
Name: ARCHOLECAS, MILTON
Address: 3260 NW 23RD AVE. # 1100 E
City-St-Zip: POMPANO BEACH, FL 33069

Title: T (X) Delete
Name: ARCHOLECAS, MILTON
Address: 3260 NW 23RD AVE. # 1100 E
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MILTON ARCHOLECAS

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date