


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90191 016 ***150.00

DOCUMENT # P04000093655	
1. Entity Name ADVANCED BIOETHANOL TECHNOLOGIES, INC.	

Principal Place of Business 1185 AVE AMERICAS 20TH FLOOR NEW YORK, NY 10036 US	Mailing Address 1185 AVE AMERICAS 20TH FLOOR NEW YORK, NY 10036 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 20-2452000	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

03222007 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent REIBER, SAM I 3821 HENDERSON BOULEVARD TAMPA, FL 33629	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR, CHRISTOPHER		NAME DAVID AMES	
STREET ADDRESS 360 WEST 22ND ST 16B		STREET ADDRESS 4055 OLD SOUTHWICK PASS	
CITY-ST-ZIP NEW YORK, NY 10011		CITY-ST-ZIP ALPHARETTA, GA 30022	
TITLE ST	<input checked="" type="checkbox"/> Delete	TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SKYRANZ, FRANZ A		NAME GARY FLICKER	
STREET ADDRESS 30 EAST 81ST STREET 4D		STREET ADDRESS 2115 NORTHWICK PASS	
CITY-ST-ZIP NEW YORK, NY 10028		CITY-ST-ZIP ALPHARETTA, GA 30022	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an officer like empowered.

SIGNATURE:  **GARY FLICKER** **04/09/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #