2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077024

Entity Name: GREEN CIRCLE BIO ENERGY, INC.

FILED Jan 13, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
	N CIRCLE PAF ALE, FL 32431	RKWAY					
Current Mailing Address:				New Mailing Address:			
2500 GREEN CIRCLE PARKWAY COTTONDALE, FL 32431							
FEI Number:	56-2591055	FEI Number Applied For ()	FEI Numb	oer Not Applic	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
NERAAS, MORTEN 228 HARRISON AVE SUITE 104 PANAMA CITY, FL 32401 US			2	NERAAS, MORTEN 2500 GREEN CIRCLE PARKWAY COTTONDALE, FL 32431 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:				01/13/2009			
	Electronic	Signature of Registered Agent				Date	
Election Cam	paign Financing 1	rust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEOP () D REED, OLAF 4940 RIVERLAKE DULUTH, GA 300	DRIVE	۸ م	Fitle: Name: Address: Dity-St-Zip:	CEO (X) REED, OLAF 4940 RIVERLAK DULUTH, GA 30		
Title: Name: Address: City-St-Zip:	VP () D NERAAS, MORTE 12519 FRONT BE PANAMA CITY BE	N EACH RD, #903	۸ م	Fitle: Name: Address: Dity-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () D KOSCIK, JOE 1403 SPYGLASS DULUTH, GA 300		۸ <u>م</u>	Fitle: Name: Address: Dity-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	() D	elete	۸ <u>م</u>	Fitle: Name: Address: Dity-St-Zip:	DIR () ERICSSON, HAN SOLSIDANSVAG SARO, FL 4294	3 2	
Title: Name: Address: City-St-Zip:	() D	elete	۸ م	Fitle: Name: Address: Dity-St-Zip:	BRUHL, MORTE PIGGVARSGATA		
Title: Name: Address: City-St-Zip:	() D	elete	۸ م	Fitle: Name: Address: Dity-St-Zip:	C () ERICSSON, CHI P.O. BOX 53230 GOTEBORG, FL)	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOE KOSCIK VP 01/13/2009