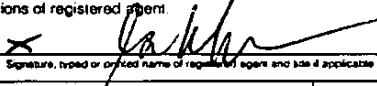
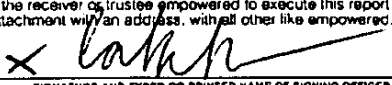


FILED
Mar 30, 2007 8:00 am
Secretary of State

03-15-2007 90025 002 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000139396			
1. Entity Name AMERICAN CLEANTECH, INC.			
Principal Place of Business 3101 SOUTH OCEAN DRIVE SUITE 1604 HOLLYWOOD BEACH, FL 33019 US		Mailing Address #6 BRIDLE PATH DRIVE OLD WESTBURY, NY 11568 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent AYALA KLEBER, ERLINDA 3101 SOUTH OCEAN DRIVE SUITE 1604 HOLLYWOOD BEACH, FL 33019		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:  DATE: 3-10-07 Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when -amending)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PVST ☐ Delete NAME: AYALA KLEBER, ERLINDA STREET ADDRESS: #6 BRIDLE PATH DRIVE CITY-ST-ZIP: OLD WESTBURY, NY 11568		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: D ☐ Delete NAME: AYALA KLEBER, ERLINDA STREET ADDRESS: #6 BRIDLE PATH DRIVE CITY-ST-ZIP: OLD WESTBURY, NY 11568		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: 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 all other like empowered. SIGNATURE:  DATE: 3-10-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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03062007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5831534 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required