


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90043 012 ***150.00

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|--|--|---|---|---|--|
| DOCUMENT # P07000086932 1. Entity Name SLEUTH ENERGY SOLUTIONS, INC. | | | |  | |
| Principal Place of Business 289 LIME CIRCLE SARASOTA, FL 34237 US | | | Mailing Address 289 LIME CIRCLE SARASOTA, FL 34237 US | | |
| 2. Principal Place of Business - No P.O. Box # 3988 Manatee Ave East | | 3. Mailing Address PO Box 50575 | | | |
| Suite, Apt. #, etc. 2-C | | Suite, Apt. #, etc. | | | |
| City & State Bradenton FL | | City & State Sarasota FL | | 4. FEI Number 26-0640194 | |
| Zip 34208 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BERGS, ROBERT L 289 LIME CIRCLE SARASOTA, FL 34237 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 3988 Manatee Ave East # 2C City Bradenton FL Zip Code 34208 | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPST BERGS, ROBERT L 289 LIME CIRCLE SARASOTA, FL 34237 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3988 Manatee Ave East Bradenton FL 34208 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>R. L. BERGS</u> <u>ROBERT L. BERGS</u> <u>3/27/08</u> <u>991 270 1995</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |