2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000081706

Name:

Address:

City-St-Zip:

BROWN, CYNTHIA D

JACKSONVILLE, FL 32244

6429 SIERRA DR.

Entity Name: HYDROGEN CONCEPT SOLUTIONS INC

FILED Apr 30, 2009 Secretary of State

| • | | | | | |
|---------------------------------------------------------|--------------------------------------------|---------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------|--|
| Current Principal Place of Business: | | | New Princip | New Principal Place of Business: | |
| 7900-20 103RD ST SUITE #70 JACKSONVILLE, FL 32244 | | | | 6429 SIERRA DR JACKSONVILLE, FL 32244 | |
| Current Mailing Address: | | | New Mailing | New Mailing Address: | |
| 7900-20 103RD ST SUITE #70 JACKSONVILLE, FL 32244 | | | | 6429 SIERRA DR JACKSONVILLE, FL 32244 | |
| FEI Number: | 26-3299737 | FEI Number Applied For () | FEI Number Not Applica | able () Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and A | Name and Address of New Registered Agent: | |
| The above | VILLE, FL 3 named enti e of Florida. | | ne purpose of changing its | registered office or registered agent, or both, | |
| | Electi | onic Signature of Registered | Agent | Date | |
| Election Car | npaign Finand | ing Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | BROWN, AN 6429 SIERR | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MESTER, M 9408 COMM | () Delete ICHAEL M ONWEALTH AVE LLE, FL 32221 | Name: I Address: 6 | /P (X) Change () Addition BROWN, CYNTHIA D 8429 SIERRA DR JACKSONVILLE, FL 32244 | |
| Title: | SEC | (X) Delete | Title: | () Change () Addition | |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CYNTHIA D BROWN VP 04/30/2009