


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000090248 1. Entity Name ASPHALT RESEARCH TECHNOLOGY, INC.	
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Principal Place of Business 4649 PONCE DE LEON BLVD #400 MIAMI, FL 33146 US	Mailing Address 4649 PONCE DE LEON BLVD #400 MIAMI, FL 33146 US
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04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0637353	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WASSERSTROM, KEITH WASSERSTROM GIULIANI, P.A. 1909 TYLER STREET-PENTHOUSE HOLLYWOOD, FL 33020	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEAGREN, DAG 90 EDGEWATER 818 CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEAGREN, LARS 90 EDGEWATER, 818 CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSEN, CHARLES E 3890 STEVE REYNOLDS BLVD NORCROSS, GA 30093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/15/05-80085-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lars Seagren 4/13/05 305-663-3090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #