2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# P96000003240

Entity Name: AMINOFOL, INC.

Current Principal Place of Business:

283 PRINCESS PALM ROAD
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

283 PRINCESS PALM ROAD
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0633874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALSER, THOMAS C ESQUIRE
7015 BERACASA WAY
SUITE 201
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: FATTOVICH, SILVANO
Address: 283 PRINCESS PALM ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: DT ( ) Delete
Name: FATTOVICH, FRANCA C
Address: 283 PRINCESS PALM ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: DV ( ) Delete
Name: ROBERI, GIORGIO
Address: 283 PRINCESS PALM RD
City-St-Zip: BOCA RATON, FL 33432

Title: DV ( ) Delete
Name: BERTONE, MARIA TERESA
Address: 283 PRINCESS PALM RD.
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SILVANO FATTOVICH DPS 01/04/2005

Electronic Signature of Signing Officer or Director — Date