2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with

SIGNATURE:

Apr 01, 2005 8:00 am Secretary of State DOCUMENT # P96000009181 1. Entity Name 04-01-2005 90008 003 ***150.00 GEOTEC THERMAL GENERATORS, INC. Principal Place of Business Mailing Address 110 E. ATLANTIC AVE. SUITE 200 110 E. ATLANTIC AVE. SUITE 200 DELRAY BEACH FL 33444 DELRAY BEACH FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0806381 Not Applicable Zip \$8.75 Additional Country Country .5. Certificate of Status Desired -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Luch LŰÉCK, W R Street Address (P.O. Box Number is Not Acceptable) 1615 SOUTH FEDERAL HIGHWAY, STE. 101 BOCA RATON, FL. 33432 nt, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered office or registered at the obligations of registered a FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Executione vice pres. companie Change CEO TITLE ☐ Delete TITLE LUECK, W R NAME NAME STREET ADDRESS 1615 SOUTH FEDERAL HIGHWAY, STE. 101 STREET ADDRESS CITY - ST - 7IP **BOCA RATON FL 33432** CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME NAME AriANTIC Ave, Suite 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP** "Beach FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS-CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

AME OF SIGNING OFFICER OR DIRECTOR

FILED