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2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000088730

1. Entity Name
HYDROGENETICS, INC



FILED
08 SEP 24 PM 2:07
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

5030 CHAMPION BLVD. 5030 CHAMPION BOULEVARD
G6 # 227 G6 # 227
BOCA RATON, FL 33496 BOCA RATON, FL 33496



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

4770 Biscayne Blvd 4770 Biscayne Blvd
Suite, Apt. #, etc. Suite, Apt. #, etc.
1480 1480

09172008 Chg-P CR2E034 (12/06)

City & State City & State

Miami, FL Miami, FL

4. FEI Number Applied For

65-0712902 Not Applicable

Zip Country Zip Country

33137 USA 33137 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUCKER, MICHELLE
5030 CHAMPION BLVD
G6 #227
BOCA RATON, FL 33496

7. Name and Address of New Registered Agent

Name Ronny J. Halperin, PA.
Street Address (P.O. Box Number is Not Acceptable)
4770 Biscayne Blvd #1480
City Miami FL Zip Code 33137

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 See Attached DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

 200136348762
9/25/08--01058--009 **\$96.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TUCKER, MICHELLE 5030 CHAMPION BLVD. G6 # 227 BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC TUCKER, MICHELLE 5030 CHAMPION BLVD. G6 #227 BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WASSERMAN, ADAM 5030 CHAMPION BLVD. # 227 BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Marc A. Walther 4770 Biscayne Blvd #1480 Miami, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Marc A Walther 4770 Biscayne Blvd #1480 Miami, FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joe Enas 1224 Washington Avenue Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marc A. Walther Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Hilarity Films, Inc.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 6/6/2007
Date of filing/registration in Florida

3. P07000046179
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Ronny J. Halperin, PA.
Name
17961 Biscayne BLVD Ste. B-1
Address
Aventura FL 33160
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Ronny J. Halperin, PA.
Name
4770 Biscayne Blvd. Ste 1480
Florida street address (P.O. Box not acceptable)
Miami FL 33137
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Man A. Wark
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Ronny Halperin, President
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50