2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000091953

FILED Apr 28, 2004 Secretary of State

Entity Name: AMERICAN ASH RECYCLING CORP. OF PENNSYLVANIA

Current Principal Place of Business: New Principal Place of Business:

6622 SOUTHPOINT DRIVE SOUTH SUITE 310 JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

6622 SOUTHPOINT DRIVE SOUTH SUITE 310 JACKSONVILLE, FL 32216

FEI Number: 59-3448120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000

SUITE 3000 SUITE 2600 MIAMI, FL 33131 US JACKSONVILLE, FL 32202 US

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.

SMITH, GAMBRELL & RUSSELL, LLP

50 N. LAURA ST.

SIGNATURE: MICHAEL A. WALTERS 04/28/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCP () Delete Title: () Change () Addition

 Name:
 ALBRIGHT, GEORGE F
 Name:

 Address:
 1690 HEMPFIELD DR
 Address:

 City-St-Zip:
 YORK, PA 17404
 City-St-Zip:

Title: VS () Delete Title: VS (X) Change () Addition

 Name:
 BOLLMAN, INDIE B
 Name:
 BOLLMAN, INDIE B

 Address:
 612 15TH AVENUE S
 Address:
 10927 HEATHFIELD RD.

 City-St-Zip:
 JACKSONVILLE BEACH, FL 32250
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: VT () Delete Title: VT (X) Change () Addition

 Name:
 WEEKS, CONNIE
 Name:
 WEEKS, CONNIE

 Address:
 6858 PLUM LANE E
 6858 PLUM LAKE LANE E

 City-St-Zip:
 JACKSONVILLE, FL 32222
 City-St-Zip:
 JACKSONVILLE, FL 32222

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: CONNIE WEEKS VT 04/28/2004