

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000026923

FILED
Apr 20, 2004
Secretary of State

Entity Name: HYDROGEN TECHNOLOGY APPLICATIONS, INC.

Current Principal Place of Business:

4707 140TH AVENUE NORTH
#116
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

4707 140TH AVENUE NORTH
#116
CLEARWATER, FL 33762 US

New Mailing Address:

FEI Number: 59-3463606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINICI, PETER
4707 140TH AVENUE NORTH
116
CLEARWATER, FL 33762 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: DP () Delete
Name: KLEIN, DENNIS J
Address: 66 PELICAN PLACE
City-St-Zip: BELLEAIR, FL 33756

Title: DV () Delete
Name: DOMINICI, PETER
Address: 201 W DAVIS BLVD
City-St-Zip: TAMPA, FL 33606

Title: DV () Delete
Name: ASTRAB, JOHN
Address: 3000 ARBOR OAKS DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DV () Delete
Name: KLEIN, HAROLD A
Address: 1220 MADDON AVE #7
City-St-Zip: TOLEDO, OH 43624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST (X) Change () Addition
Name: DOMINICI, PETER
Address: 201 W DAVIS BLVD
City-St-Zip: TAMPA, FL 33606

Title: DVP (X) Change () Addition
Name: ASTRAB, JOHN
Address: 3000 ARBOR OAKS DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DVP (X) Change () Addition
Name: KLEIN, HAROLD A
Address: 1220 MADDON AVE #7
City-St-Zip: TOLEDO, OH 43624

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: PETER DOMINICI

DST

04/20/2004

Electronic Signature of Signing Officer or Director

Date