## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000026923

TOLEDO, OH 43624

City-St-Zip:

Entity Name: HYDROGEN TECHNOLOGY APPLICATIONS, INC.

FILED May 03, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4707 140T	H AVENUE NO	PRTH			
#116 CLEARW	ATER, FL 3376	2 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4707 140T	H AVENUE NO	PRTH			
#116	ATER, FL 3376	2 US			
	: 59-3463606	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
		,	,	•	
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
116	, PETER 'H AVENUE NC ATER, FL 3376				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
		ic Signature of Registered Ag	ent	Date	
		8(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () KLEIN, DENNIS 66 PELICAN PL BELLEAIR, FL	ACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST () DOMINICI, PETI 201 W DAVIS B TAMPA, FL 336	LVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () ASTRAB, JOHN 3000 ARBOR O TARPON SPRIN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DVP () KLEIN, HAROLE		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: PETER DOMINICI DST 05/03/2005