2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000026923

Entity Name: HYDROGEN TECHNOLOGY APPLICATIONS, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	H AVENUE NOR	тн					
#116 CLEARWA	TER, FL 33762	US					
Current Mailing Address:			New Maili	New Mailing Address:			
#116	H AVENUE NOR	TH US					
	TER, FL 33762		PP1 No b No. 4 Acres	E ()	Outificate of Otaton Busined ()		
FEI Number:	59-3463606 1	FEI Number Applied For()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()		
Name and	Address of Cur	rent Registered Agent:	Name and	Address of N	lew Registered Agent:		
116	PETER HAVENUE NOR TER, FL 33762						
The above in the State		omits this statement for the p	ourpose of changing i	ts registered o	ffice or registered agent, or both	Ί,	
SIGNATUR	RE:					_	
	Electronic	Signature of Registered Age	ent		Date	_	
Election Carr	npaign Financing Tr	rust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () De KLEIN, DENNIS J 66 PELICAN PLAC BELLEAIR, FL 337	E	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	DVP () De SCOTT, RUSSELL 4707 140TH AVE., CLEARWATER, FL	B N., SUITE 116	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	D () De ASTRAB, JOHN 3000 ARBOR OAK TARPON SPRINGS	S DRIVE	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	D () De KLEIN, HAROLD A 1015 HAWK STRE TOLEDO, OH 436	ET	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	DP () De MANNERS, MICHA 4707 140TH AVE., CLEARWATER, FL	EL M N., SUITE 116	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	DVP () De KLEIN, GREGORY 2011 ALLEN AVE., CANTON SOUTH, (SUITE A2	Title: Name: Address: City-St-Zip:	D (X) KLEIN, GREGO 2011 ALLEN AV CANTON SOUT	/E., SUITE A2		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 CFO 04/29/2009