

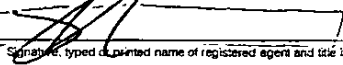



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90317 031 \*\*\*150.00

<b>DOCUMENT # P97000032323</b> 1. Entity Name AGE FILL TECHNOLOGIES, INC.					
Principal Place of Business PMB 236 21218 ST. ANDREWS BLVD BOCA RATON, FL 33433			Mailing Address PMB 236 21218 ST. ANDREWS BLVD BOCA RATON, FL 33433		
2. Principal Place of Business 7548 SOUTH U.S. 1 Suite, Apt. #, etc. 222 City & State PORT SAINT LUCIE, FL.		3. Mailing Address SAME Suite, Apt. #, etc.  City & State  Zip  Country US			
4. FEI Number 59-3441408		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILDNER, ROY T 423 DELAWARE AVENUE FORT PIERCE, FL 34950			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 101 N. US. 1 City FT PIERCE FL Zip Code 34950		
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:  ROY T MILDNER, ESQ 3-9-05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLOCK, RICHARD 21218 ST. ANDREWS BLVD. BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLOCK, RICHARD 7548 S. US 1, #222 PORT SAINT LUCIE, FL. 34952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERRY, ANDREW J 301 SE 8TH AVENUE DEERFIELD BEACH, FL 33441		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"/> Delete		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"/> Delete		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"/> Delete		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 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 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:  RICHARD POLLOCK <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>			3-8-05 772-201-0660 <small>Date Daytime Phone #</small>		