2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 25, 2005 08:00 AM **DOCUMENT # V05217 Secretary of State** 1. Entity Name CLEÁN AIR FUEL-INJECTION SERVICE, INC. Principal Place of Business Mailing Address 1141 HOLLAND DRIVE 1141 HOLLAND DRIVE SUITE 24 SUITE 24 BOCA RATON, FL 33487 BOCA RATON, FL 33487 01062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0319083 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BAHL, WILLIAM L. DO NOT WRITE 1141 HOLLAND DRIVE SUITE 24 IN THIS SPACE BOCA RATON, FL 33487 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. Signature, typed or printed name of registered egent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BAHL, WILLIAM L. NAME STREET ADDRESS 5374 MONTEREY CIR., #97 DELRAY BEACH, FL 33484 CITY-ST-7IP U00000196175 01/26/05-80058-018 150.00 TITLE D WILLIAMS, BAHL L JR NAME STREET ADDRESS 2841 SW 22ND AVE CITY - ST - ZIP LIGHTHOUSE POINT, FL 33064 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 eignature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver ority steep emovered to execute this state of the corporation or the receiver ority steep execute this state of the corporation or the receiver ority steep execute this state of the corporation or the receiver ority steep execute this state of the corporation or the receiver ority steep execute this state of the corporation or the receiver or the receiver or the corporation o

SIGNATURE:

CITY - ST - ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/2005 (SGI) 241-014

FILED