2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # 610575 Jan 27, 2006 08:00 AN 1. Entity Name **Secretary of State** MIDCO PETROLEUM COMPANY Principal Place of Business Mailing Address 2212 6TH ST 2212 6TH ST SARASOTA FL 34237-2802 SARASOTA FL 34237-2802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-1884578 Not Applicat Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONALD C. FEE Street Address (P.O. Box Number is Not Acceptable) 2212 6TH ST SARASOTA FL 34237 City 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 access the obligations of registered agent. SIGNATURE Signature: Typed or printed name of registered agent and title if applicable (NOTE Registered Agent agristure renursed when remutating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May € After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE ☐ Delete TITLE ☐ Change ☐ Addiii FEE, DONALD C. MARKE MAME 1/00000407510 STREET ADDRESS 2212 6TH ST STREET ADDRESS 02/08/06-80022-018 150.00 CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP PS ☐ Delete TITLE Change ☐ Abiii NAME FEE, DONALD C., JR. MAME STREET ADDRESS STREET ADDRESS 2212 6TH ST CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP 7}T& £ VPT Detete BILL T Addison ☐ Change NAME NAME FEE, JEANNE M. STREET ADDRESS 2212-6TH ST. STREET ADDRESS CITY -ST-ZIP CITY+ST-ZIP SARASOTA FL TITLE Delete Acidii THE ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Arten NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addibia NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 direction to the corporation of 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:

DOVALUE DOVALO C. FEE 1 124/06 944 365-08&