

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


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FILED
Mar 27, 2006 8:00 am
Secretary of State

03-16-2006 90029 009 ****50.00

DOCUMENT # L05000014256

1. Entity Name
DELAWARE'S PETROLEUM AND SERVICES, LLC



Principal Place of Business
**701 DELAWARE AVENUE
 FT. PIERCE, FL 34950**

Mailing Address
**701 DELAWARE AVENUE
 FT. PIERCE, FL 34950**

00003431



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02132008 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent
**NGUYEN, BAO-QUOC V
 9864 WOOLWORTH CT.
 WELLINGTON, FL 33414**
*380 NE Camelot Dr
 Port St. Lucie FL 34983*

4. FEI Number
06-1740274

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.

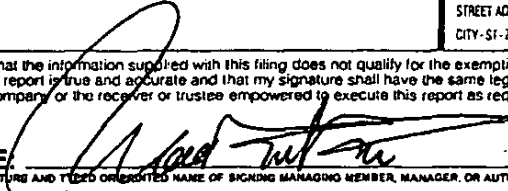
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NGUYEN, HIEN V 9864 WOOLWORTH CT. WELLINGTON, FL 33414 <i>380 NE Camelot Dr Port St. Lucie FL 34983</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  DATE **3/13/06** 772 464 8924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #