## FILED Jul 11, 2007 8:00 am Secretary of State 07-11-2007 90076 020 \*\*\*150.00

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000072771  1. Entry Name F.P. PETROLEUM, INC.					40	Tran-			
Principal Place of Business Mailing Address					,				
970 S. MILITARY TRAIL 970 S. MILITARY TRAIL WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL			33415						
2. Principal Place of Business - No P.O. Box #		3. Malling Address							
Suite, Apt. #, etc.		Suite, Apr. #, etc.			07062007	Chg-P	CR2EC	034 (12/06)	
City & State		City & State			4. FEI Numb	4966	326	<u> </u>	oplied For at Applicable
Zip	Country	Złp	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Name	4.7	7. Name and	Address of New	Registered	Agent	
RICHARDS, WAYNE M ESQ. 2001 BROADWAY				Street Address (P.O., Bax Number is Not Acceptable)					
SUITE 101			105	2 <b>7</b>	Mars	h 37.	~ · · · · · · · · · · · · · · · · · · ·	11.1	
MITIEN	SENOTI, FE 30404		City	<del>"\\</del>	9100	72	<u>ر ر .</u> Fl	Zip Coo	 le
	named entity submits this statement to	prine purpose of changing its re	egistered office or	registe	red agent, or bo	th, in the State of I	lorida. I am	familiar with,	and accept
SIGNATURE	Spream most or pressure of Agents agent	and take 8 applicable. (NOTE)	Registered Agent signatu	re redukter	s when (chartene)	_7/	Z/O	<b>Z</b>	
	LE NOW!!! FEE 18 \$150.00 ue by September 14, 2007	Election Campaig     Trust Fund Contril			,00 May Be	In accordance corporation di	with s. 607 d not receiv	7.193(2)(b), ve the prior i	F.S., the notice.
10.	OFFICERS AND	DIRECTORS	11.	<u> </u>	ADDITIONS	CHANGES TO O	FEICERS AN	D DIRECTOR	S IN 11
TOLE	PVST	☐ Dolote	ITILE	71	15T	1.		Change	Addition
NAME	FLORES, VIRGILIO P		NAME STREET ADDRESS	F	oves	Visgili	2/	r	
CITY-ST-ZIP	STREET ADDRESS POST OFFICE BOX 223029  CITY-ST-ZP WEST PALM BEACH, FL 334223029			w	507 pm	etal 3	FL. 3	341	4
TITLE		☐ Oriete	IOLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	ı					
CITY-ST-ZIP	ĺ		CITY-\$1-ZIP						
TITLE		☐ Delets	nire					☐ Change	Addition
MAME STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZP			CITY-ST-ZIP	 					
IIILE		☐ Delete	TITLE					☐ Change	Addition
MALE STREET ADDRESS			MAME STREET ADDRESS						
City-St-ZDP			CITY-SI-ZIP						
TILE	}	Delete	TIPLE					☐ Chan <b>ge</b>	Addition
NAME STREET ADDRESS	1		STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	1	Delete	HAME					Change	Addition
STREET ADDRESS	]		STREET ADDRESS	]					
CITY-ST-ZIP	<u></u>		C/TY-ST-ZIP	<u> </u>					
12. Hereby indicated of the co-	certify that the information supplied will don this report or supplemental report in appration or the receiver or trustee emp i, or on an attachment with an address.	h this filling does not qualify for is true and accurate and that m cowered to execute this report a with all other like empowered.	the exemptions of y signature shell has required by Cha	ontaine ave the apter 60	d in Chapter 11 same legal effe 7, Florida Stalut /	9, Florida Statutes of as if made undo es; and that my no	s. I further ca or oath; that I whe appears 	ritity that the i i am an officer i in Block 10 d	information r or director or Block 11 if
SIGNAT	TURE: AND	DAI/			7/7	1/07 (	561)	689	6467
L	BISNATURE AND TYPED OR	PROPERTY OF SECURING OFFICER C							