

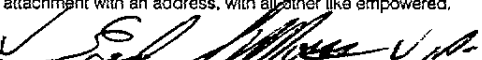


FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 233575 1. Entity Name ROYAL PETROLEUM, INC.				Secretary of State	
Principal Place of Business 6741 S MILITARY TRAIL (33463) LAKE WORTH, FL 33463		Mailing Address 6741 S MILITARY TRAIL (33463) LAKE WORTH, FL 33463			
DO NOT WRITE IN THIS SPACE					
				02042004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-0914686	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORSTADT, EDWARD G. 9439 SUN POINTE DR BOYNTON BEACH, FL 33437				DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE	
TITLE	P				
NAME	WILLIAMSON, ROBERT				
STREET ADDRESS	10400 GRIFFIN RD #210				
CITY - ST - ZIP	COOPER CITY, FL				
TITLE	V				
NAME	MORSTADT, EDWARD G				
STREET ADDRESS	9439 SUN POINTE DR				
CITY - ST - ZIP	BOYNTON BEACH, FL 33437				
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 				7-6-04 561 642 0100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	