2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 07, 2005 08:00 AM

1. Entity Nan	MENT # 233575 PETROLEUM, INC.				Sec	cretary of State
Principal Place of Business Mailing Address 6741 S MILITARY TRAIL (33463) 6741 S MILITARY TRAIL (3346) LAKE WORTH, FL 33463 LAKE WORTH, FL 33463			33)			
C	OO NOT WRITE II		CE	01032005 4. FEI Numb 59-091	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MORSTADT, EDWARD G. 9439 SUN POINTE DR BOYNTON BEACH, FL 33437 BY 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registere			d Agent signature require	d when reinstating)	DATE	
FILE NOWIL! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECT P WILLIAMSON, ROBERT 10400 GRIFFIN RD #210 COOPER CITY, FL V MORSTADT, EDWARD G 9439 SUN POINTE DR BOYNTON BEACH, FL 33437	CTORS			U00000 01/07/05-i	173466 80019-021 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE	_		<u></u>		NOT W	
NAME			1	IIV.	「口!う つド	インに

12. I hereby certify that the information supplied with this filing 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 signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this pept 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.

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

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-05

561-642 0100 Daytime Phone #