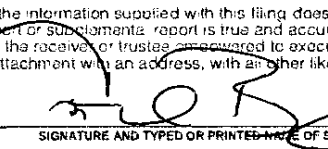


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90322 025 ***150.00

DOCUMENT # 324826 1. Entity Name BLAYLOCK OIL CO.					
Principal Place of Business 724 SO. FLAGLER AVE. P. O. BOX 310 HOMESTEAD, FL 33090-0310 US			Mailing Address 724 SO. FLAGLER AVE. P. O. BOX 310 HOMESTEAD, FL 33090-0310 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1208100	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARCUS, MICHAEL 317 N KROME AVE HOMESTEAD, FL 33030				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 accept the obligations of registered agent.				\$8.75 Additional Fee Required	
SIGNATURE (Signature, typed or printed name of registered agent and title if applicable)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution ☐	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME BLAYLOCK, L H STREET ADDRESS 724 SO. FLAGLER AVE. CITY- ST- ZIP HOMESTEAD, FL	☐ Delete		TITLE D NAME BLAYLOCK L. H. STREET ADDRESS 724 S FLAGLER AVE CITY- ST- ZIP HOMESTEAD FL	☒ Change ☐ Addition	
TITLE VSTD NAME SANCHEZ, CRYSTAL B STREET ADDRESS 19490 SW 232 STREET CITY- ST- ZIP MIAMI, FL 331701	☐ Delete		TITLE PTD NAME SANCHEZ, CRYSTAL B STREET ADDRESS 19490 SW 232 STREET CITY- ST- ZIP MIAMI FL	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE VSD NAME SANCHEZ, JUAN M STREET ADDRESS 19490 SW 232 ST CITY- ST- ZIP MIAMI FL	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. 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 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 an other like empowered.					
SIGNATURE:  Crystal Blaylock 04/26/06 305-249-7249					