2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 483863

Name:

Address:

City-St-Zip:

CHOPE, DOUGLAS B

MIAMI, FL

200 S BISCAYNE BLVD 830

Entity Name: DOUGLAS PETROLEUM CORPORATION

FILED Feb 23, 2009 Secretary of State

		STOT ETROLLOW CORN CHAR			
Current P	rincipal Plac	ce of Business:	New Principal Place	New Principal Place of Business:	
P O BOX 560727 MIAMI, FL 332560727 US			830		
Current M	lailing Addr	ess:	New Mailing Address	New Mailing Address:	
P O BOX (MIAMI, FL	560727 332560727	US			
FEI Number	: 59-1621215	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
ONE S.E. MIAMI, FL The above	THIRD AVEN 33131 US named entit e of Florida.	TIONAL CENTER NUE, 28TH FLOOR y submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
		onic Signature of Registered A	gent	Date	
Election Ca	mpaign Financ	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CHOPE, KAT	() Delete HERINE B YNE BLVD STE 830	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHOPE, JOA	() Delete NNE B YNE BLVD STE 830	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	PD) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOANNE B CHOPE VP 02/23/2009