2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

FILED SECRETARY OF STATE DIVISION OF COMPORATIONS **DOCUMENT # 598578** 1. Entity Name MARTIN PETROLEUM CORP. OF FLORIDA 06 APR 25 AM 9: 19 Principal Place of Business Mailing Address MM 65 FL TURNPIKE P.O. BOX 666810 POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33066 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 59-1875983 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHEELER, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 33 PINECREST DR MIAMI, FL 33166 City Zip Code 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: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE □ Delete TITLE C. ☐ Change Addition JOE A. CHAMBLISS RUSHMORE, THOMAS NAME NAME P.O. BOX 666 310 P.O. BOX 666810 STREET ADDRESS STREET ADDRESS Pompano BENEW , FL 33066 CETY-ST-7IP POMPANO BEACH, FL 330666810 CITY-ST-ZIE TITEF Delete TITLE RICHAM W. WHENER Change ☐ Addition CHAMBLISS, JOE NAME NAME P.D.BOX LLL SIO PO BOX 666810 STREET ADDRESS STREET ADDRESS Pompano BEACH, PL 33066 CITY-ST-7IP POMPANO BEACH, FL 330666810 CITY-ST-ZIP Delete TITLE ₹ITLE s (Change ☐ Addition RICHAM L. WHEELER NAME CHAMBLISS, JOE NAME P.O. BOX LLL SIO STREET ADDRESS PO BOX 666810 STREET ADDRESS POMPANO BEACH, FL 330666810 POMPAG BEACH, FL 33066 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME 200074325012 05/10/06--01006--028 **61.25 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 of 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 of the receiver of 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 attoriess, with all other the empowered.

SIGNING OFFICER OR DIRECTOR

4.18.0p