OS APRIO AMIDIO TO STATE 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005 **DOCUMENT # A04000000897** 1. Entity Name JAND 1 LTD. Principal Place of Business Mailing Address 709-336 RIDEAU PLACE SW 2530 6TH AVENUE WEST, APT. #10 CALGARY, ALBERTA DICKINSON, ND 58601 CANADA T2S-1Z4. 2. Principal Place of Business 3. Mailing Address 709-3316 Rideau Place SW 7268 Blountstown Suite, Apt. #, etc. Suite, Apt. #, etc 01122005 Chg-LP CR2E003 (10/03) City & State Applied For City & State 4. FEI Number 03-0556298 allahassee, Florida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ianada 2310 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 late if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$8,000.00 \$ 278.25 as Shown on record. in FLORIDA to date A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. F04000002505 DOCUMENT # STREET ADDRESS AZAD EXPLORATION, INC. NAME STREET ADDRESS 709-336 RIDEAU PLACE S.W. CITY-ST-ZIP CITY-ST-ZIP CALGARY, ALBERTA, CANADA, DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C/TY-ST-7/P CITY-ST-ZIP **600051406156** 04/20/05--01050--022 **14 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this performance by Chapter 620, Florida Statutes 415/05 President, Azad SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER