


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90517 010 ***150.00

DOCUMENT # F00000002858 1. Entity Name SAUDI AMERICAN MINERALS, INC.	
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Principal Place of Business 9900 W. SAMPLE ROAD, SUITE 300 CORAL SPRINGS, FL 33065 <i>12508 W ATLANTIC BLVD CORAL SPRINGS, FL 33071 ← same</i>	Mailing Address 676 W. PROSPECT ROAD FT. LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 88-0377469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLAIRE, ROBERT I 7280 W. PALMETTO PARK ROAD, SUITE 106 BOCA RATON, FL 33433
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**DO NOT WRITE
IN 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: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOD GUTHRIE, DAVID 7636 TIMBER HILL NORTH DR INDIANAPOLIS, IN 46217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARCUS, JOEL 676 W PROSPECT RD FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASNER, JAY 1030 CAROL RIDGE DR., #302 CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, CARL 2020 BEAVER AVE., STE 204 MONACA, PA 15061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 all other like empowered.

SIGNATURE: *David W. Guthrie* PRESIDENT *DAVID W. GUTHRIE* 954-575-1471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #