

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000003906

1. Entity Name

POSEIDON RESOURCES CORPORATION

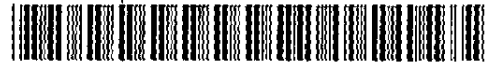


Principal Place of Business

1055 WASHINGTON BLVD.
STAMFORD, CT 06901

Mailing Address

1055 WASHINGTON BLVD.
STAMFORD, CT 06901



04172006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1922473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME WINROW, WALTER J
STREET ADDRESS 1055 WASHINGTON BLVD.
CITY-ST-ZIP STAMFORD, CT 06901

TITLE T
NAME KINGMAN, ANDREW P
STREET ADDRESS 1055 WASHINGTON BLVD.
CITY-ST-ZIP STAMFORD, CT 06901

TITLE ASAT
NAME IESSI, ANTHONY
STREET ADDRESS 1055 WASHINGTON BLVD.
CITY-ST-ZIP STAMFORD, CT 06901

TITLE SD
NAME LOWTHER, FREDERICK M
STREET ADDRESS 2101 L STREET NW
CITY-ST-ZIP WASHINGTON, DC 20037

TITLE D
NAME MAKOWSKI, JACEK
STREET ADDRESS 1R WALKER ROAD
CITY-ST-ZIP MANCHESTER, MA 01944

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000522737
05/03/06-80044-013 150.00

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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 all other like empowered.

SIGNATURE:

Anthony Iessi (Anthony Iessi)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

Date

203-327-7740

Daytime Phone #