2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000005501

1. Entity Name
AL-MADINAH PETROLEUM, INC.

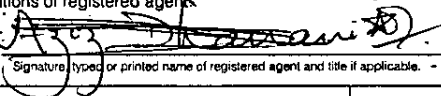| Principal Place of Business	Mailing Address
625 COURT STREET STE. 200 CLEARWATER, FL 33756	Al-Madinah Petroleum Inc. 5555 Oakbrook Pkwy, Ste 390 Norcross, GA 30093

2. Principal Place of Business

02112005   Chg-P   CR2E034 (10/03)

Suite, Apt. #, etc.		

City & State	City & State	4. FEI Number 58-2052257	Applied For / Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired — ☐ **$8.75** Additional Fee Required
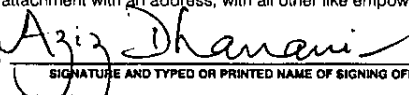
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NASH, THOMAS C II 625 COURT STREET STE. 200 CLEARWATER, FL 33756	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City _____ **FL** Zip Code

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)

DATE 2/23/05

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 / 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DHANANI, AZIZ A		NAME		
STREET ADDRESS	5555 OAKBROOK PARKWAY STE. 385		STREET ADDRESS		
CITY-ST-ZIP	NORCROSS, GA 30093		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _Aziz Dhanani_   2/23/05   678-665-8928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #