2007 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 14, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F93000005298 05-14-2007 90099 006 ***550.00 1. Entity Name RELIANCE PETROLEUM COMPANY, INC. 40112220 Principal Place of Business Mailing Address 3501 SW CORPORATE PKWY 3501 SW CORPORATE PKWY PALM CITY, FL 34990-8150 US PALM CITY, FL 34990-8150 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 42 S. Peninsula 315 N. Dr. A HunticAve Suite, Apt. #, etc. Suite, Apt. #, etc. 05102007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Bouch > 73-1336262 Not Applicable Country \$8.75 Additional u.S. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCINTYRE, WILLIAM C 3501 SW CORPORATE PARKWAY Street Address (P.O. Box Number is Not Acceptable) PALM CITY, FL 34990-8150 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ De!ete TITLE NAME ANDERSON, GEORGE D NAME 3010 S PENINSULA DRIVE STREET ADDRESS STREET ADDRESS DAYTONA BEACH, FL 32118 CITY-ST-ZIP CITY-ST-ZIP VPD ☐ Addition Change TITLE TITLE ☐ Delete CORNELIUS, DAVID T NAME NAME STREET ADDRESS 17450 THUNDER ROAD STREET ADDRESS JUPITER, FL 33478 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z#P ---Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete 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 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 eath; 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.

Daytime Phone #