


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000002316 1. Entity Name PHOENIX FUEL TEXAS CORPORATION	
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Principal Place of Business 304 COFFEEN AVE SHERIDAN, WY 82801 US	Mailing Address 304 COFFEEN AVE SHERIDAN, WY 82801 US
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DO NOT WRITE IN THIS SPACE



02142005 No Chg-P CR2E034 (10/03)

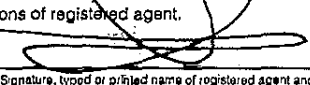
4. FEI Number 76-0447156	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324**

**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.

PETER F. SOUZA
ASSISTANT SECRETARY

SIGNATURE  DATE **3/4/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)


FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERKINS, THOMAS L 304 COFFEEN AVE SHERIDAN, WY 82801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD IGNACIO, CARRION 304 COFFEEN AVE SHERIDAN, WY 82801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/22/05-800003-021 150.00

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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:  **Thomas L. Perkins** Date **2-14-05** Daytime Phone # **307-673-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR