


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000006352
1. Entity Name
K & P FUEL, INC.



Principal Place of Business 109 NORTH PARK BLVD. SUITE 500 COVINGTON, LA 70433 US	Mailing Address 109 NORTH PARK BLVD. SUITE 500 COVINGTON, LA 70433 US
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04272006 No Chg:P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1018652	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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.

SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	T PISCIOTTA, STEVE 109 N PARK BLVD, STE 500 COVINGTON, LA 70433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEY, ERIC 109 NORTH PARK BLVD STE 500 COVINGTON, LA 70433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARKE, RON 109 NORTH PARK BLVD STE 500 COVINGTON, LA 70433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS REEDY, ANN WOOD 109 NORTH PARK BLVD STE 500 COVINGTON, LA 70433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/19/06-80040-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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 to this report, with all other like empowered.

SIGNATURE: _____ **4/28/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #