2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2006 08:00 AM DOCUMENT # H03774 Secretary of State 1. Entity Name A & S OIL RECOVERY OF FLORIDA, INC. Maiting Address Principal Place of Business 1097 62ND TERRACE S. ST. PETERSBURG FL 33705 US 4601 8TH AVE.S. ST. PETERSBURG FL 33711 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2410214 Not Applied \$8.75 Additional Country Zio Country Zιο 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMARAL, FRANK Street Address (P.O. Box Number is Not Acceptable) 1097 62ND TERRACE SOUTH ST. PETERSBURG FL City Zip Code 6. 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 according the obligations of registered agent. SIGNATURE Signature, typed or pratted name of registered agent and titlo if applicable (NOTE Registered Agent signature required when reinstaling) DA) & FILE NOW!!! FEE 3S \$150.00 8. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ A-f. 34114 ☐ Delete TIFLE NAME AMARAL, FRANK NAME U00000411478 02/10/06-80007-021 150.00 STREET ADDRESS STREET ADDRESS 1097 62ND TERR. SQ. CHTY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP ☐ Change ☐ Aiki ☐ Defete TITLE TITLE NAME AMARAL, JULIE NAME STREET ADDRESS STREET ADDRESS 1097 62ND TERR. SO. CITY-ST-ZIP City-St-Zit ST. PETERSBURG FL TITLE ☐ Defete BILL ☐ Change III Addi NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Detete TITLE .∏ Aki: 10) E NAME AVAMSE STREET ADDRESS STREET ADDRESS GIV-SI-76 CHY-SI-ZIP THE Change III Add TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Anh" BRLE Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CKY-ST-ZIP CITY-ST-ZOP

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SIGNATURE: Julie Clase Ga JULIE ANNE AMARAL Vice Pres. 1-26-06 (727) 321-260

it changed, or on an attachment with an address, with all other-like empowered.

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic 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 direct 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