

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90498 001 ***300.00

DOCUMENT # K54637 1. Entity Name ACME OIL DISTRIBUTION, INC.						
Principal Place of Business 1611 A ALDEN RD ORLANDO, FL 32803			Mailing Address POST OFFICE BOX 1193 ORLANDO, FL 32802-1193			
2. Principal Place of Business 450 N. Wymore Road		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Winter Park Florida		City & State		4. FEI Number 59-2924835		
Zip 32789		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent W & P SERVICES, INC 1936 LEE ROAD, STE. 101 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 450 N. Wymore Road City Winter Park FL Zip Code 32789			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVS SAHNI, DEEPIK S 845 N. GARLAND AVE., STE. 200 ORLANDO, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 1193 Orlando, Florida 32802-1193	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONSALVES, VERA 1611 A ALDEN ROAD ORLANDO, FL 32803		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 1193 Orlando, FL 32802-1193	
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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 with an address, with all other like empowered.						
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4/26/06 Daytime Phone #: 407-484-7278		