## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2008 08:00 A Secretary of State

| DOCUMENT # L02496  1. Entity Name PETRO-QUAD, INC.                    |   |  |                               |                          |                         | Secr                      | etary of                               |
|---|---|--|-------------------------------|--------------------------|-------------------------|---------------------------|--|
| Principal Place<br>1266 34TH S<br>SAINT PETER                         | ST N 1  | ailing Address<br>1266 34TH ST N<br>AINT PETERSBURG, FL 3371 | 3                             |                          |                         |                           |  |
|   |   |  |                               |                          |                         |                           |  |
| _   | A NOT WOITE II  | N THIS ODA   | ^ <b>-</b>                    | 03062008                 | No Chg-P                | CR2E0                     | 34 (11/05)                             |
| DO NOT WRITE IN THIS SPA  |   |  | CE                            | 4. FEI Numbe<br>59-295   |                         | ,                         | Applied For<br>Not Applicab            |
|   |   |  |                               | 5. Certificate           | of Status Desired       |                           | \$8.75 Additional<br>Fee Required      |
|   | 6. Name and Address of Current Regis                                    | itered Agent   |                               |                          |                         |                           |  |
| TW ACCOUNTING<br>15312 CARROLLTON LN<br>TAMPA, FL 33624               |   |  | DO NOT WRITE<br>IN THIS SPACE |                          |                         |                           |  |
|   | named entity submits this statement for the points of registered agent. | ourpose of changing its registere                            | ed office or register         | ed agent, or bo          | th, in the State of Flo | rida lam f                | amiliar with, and accep                |
| SIGNATURE_  | Signature typed or printed name of registered agent and life            | il applicable (NOTE Registera                                | d Agent signature required    | (when reinstaung)        |                         | DAJŁ                      | <u> </u>                               |
| FILE NOW!!! FEE IS \$150,00<br>After May 1, 2008 Fee will be \$550.00 |   |  |                               | .00 May Be<br>ed to Fees |                         | 085 <b>4</b> 50<br>-80027 | 2<br>-016 150.00                       |
| 10.   | OFFICERS AND DIREC  | CTORS  | Ţ                             |                          |                         |                           | ************************************** |
| ITTLE   | DV  |  |                               |                          |                         |                           |  |
| NAME<br>STREET ADDRESS  | CHARARA, RADWAN<br>1266 34TH ST N                                       |  | ł                             |                          |                         |                           |  |
| City-SI-ZiP   | ST PETERSBURG, FL   |  |                               |                          |                         |                           |  |
| Inte  | DP  |  | 1                             |                          |                         |                           |  |
| NAME  | CHARARA, HASSAN   |  |                               |                          |                         |                           |  |

DO NOT WRITE IN THIS SPACE

12. Thereby 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 of truetiee 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:

STREL! ADDRESS

CITY-ST-ZIP

CITY-SI-ZIP

TITLE NAME STREET ADDRESS

NAME
STRELL ADDRESS
CHY-SI-ZIP
HILE
NAME
STREEL ADDRESS
CHY-SI-ZIP
HILE
NAME
STREEL ADDRESS
CHY-SI-ZIP
CHY-SI-ZIP

1266 34TH ST N

ST PETERSBURG, FL

HASSON CHORACO

3.8.08

4400.28C (1C