2008 LIMITED LIABILITY COMPANY **FILED** ANNUAL REPORT Mar 10, 2008 08:00 AN Secretary of State **DOCUMENT # L05000103591** 1 Entity Name CLAÝ OIL FUELING SERVICES, LLC Mailing Address Principal Place of Business **42 SLEEPY HOLLOW ROAD** 42 SLEEPY HOLLOW ROAD MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 CR2E083 (12/07) 02292008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 42-1681165 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLACKBURN & COMPANY, LC DO NOT WRITE 5150 BELFORT ROAD SOUTH **BUILDING 500** IN THIS SPACE JACKSONVILLE, FL 32256 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE **CLAY OIL CORPORATION** STREET ADDRESS **42 SLEEPY HOLLOW ROAD** 000000852294 03/26/08-80022-025 138.75 CITY-ST-ZIP MIDDLEBURG, FL 32068 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Alicia & Alfred Secretary

3/4/08 904-272-9548

Applied For

Not Applicable