2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # L37336** Jan 29, 2005 08:00 AM 1. Entity Name **Secretary of State** FLORIDA KEYS PETROLEUM, INC. Principal Place of Business Mailing Address 255 TAVERNIER ST PO BOX 674 TAVERNIER, FL 33070 TAVERNIER, FL 33070 No Chg-P 01072005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0163536 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BYRUM, WILLIAM DAVID DO NOT WRITE 191 ATLANTIC CIRCLE DRIVE TAVERNIER, FL 33070 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME BYRUM, WILLIAM DAVID STREET ADDRESS PO BOX 674 CITY-ST-ZIP TAVERNIER, FL 33070 TITLE U00000203773 NAME 01/29/05-80045-010 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS OO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, I further certify that the information indicated on this report or supplemental seport 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:

EGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-27-05 305-522-547/