

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025167

FILED
Feb 05, 2007
Secretary of State

Entity Name: PETROLEUM WIZARDS, INC.

Current Principal Place of Business:

PO BOX 812514
BOCA RATON, FL 33481

New Principal Place of Business:

936 BARON RD
WAXHAW, NC 28173

Current Mailing Address:

PO BOX 812514
BOCA RATON, FL 33481

New Mailing Address:

FEI Number: 65-0989925 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRESNELL, JOHN CHAD
Address: PO BOX 812514
City-St-Zip: BOCA RATON, FL 33481

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PRESNELL, JOHN CHAD
Address: PO BOX 812514
City-St-Zip: BOCA RATON, FL 33481

Title: VP () Change (X) Addition
Name: OBRIEN, MICHAEL T
Address: 936 BARON RD
City-St-Zip: WAXHAW, NC 28173

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JC PRESNELL

PRES

02/05/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date