

FROM :

FAX NO. :

Apr. 27 2006 12:30AM P1

FILED

Jun 08, 2006 08:00 AM
Secretary of State2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000104912																
1. Entity Name REM PETROLEUM INC.																
Principal Place of Business 1410 AIRPORT RD NAPLES, FL 34104	Mailing Address 1410 AIRPORT RD NAPLES, FL 34104															
DO NOT WRITE IN THIS SPACE																
6. Name and Address of Current Registered Agent AHMED, RIAZ U 1410 AIRPORT RD NAPLES, FL 34104		04262006 No Chg-P CR2E034 (11/05)														
		4. FEI Number 65-1056068														
		Applied For Not Applicable														
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required														
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: _____ Signature (Typed or Printed Name of Registered Agent and the if applicable) (If Not Registered Agent, Signature Required when Applicable)																
FILE NOW!!! FEE IS \$180.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee																
<table border="1"> <thead> <tr> <th colspan="2">10. OFFICERS AND DIRECTORS</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>DP AHMED, RIAZ U 2021 RIVER REACH DR APT 521 NAPLES, FL 34104</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> </tr> </tbody> </table>			10. OFFICERS AND DIRECTORS		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP AHMED, RIAZ U 2021 RIVER REACH DR APT 521 NAPLES, FL 34104	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 115, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 05/31/06																

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