
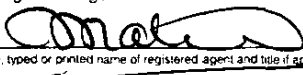



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90101 031 ***150.00

DOCUMENT # P01000044288 1. Entity Name TANIA PETROLEUM CORP.			
Principal Place of Business 3596 BAYSHORE DRIVE NAPLES, FL 34112		Mailing Address C/O ROBERT D. ROYSTON, JR. P.O. DRAWER 60205 FORT MYERS, FL 33906	
2. Principal Place of Business - No P.O. Box # 3506 Bayshore Dr.		3. Mailing Address 3506 Bayshore Dr.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Naples, FL		City & State Naples FL	
Zip 34112		Zip 34112	
Country 		Country 	
4. FEI Number 65-1100364		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name Monsur Ahmad Street Address (P.O. Box Number is Not Acceptable) 3506 Bayshore Dr. City Naples FL Zip Code 34112	
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  DATE 3/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME AHMAD, MONSUR	TITLE 	NAME
STREET ADDRESS 3596 BAYSHORE DRIVE	CITY-ST-ZIP NAPLES, FL 34112	STREET ADDRESS 	CITY-ST-ZIP
TITLE VPST	NAME MOSTOFA, KAMAL	TITLE 	NAME
STREET ADDRESS 17100 TAMIAMI TRAIL, 41 EAST	CITY-ST-ZIP NAPLES, FL 34114	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
12. 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 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: 		Date 3/21/08 Daytime Phone # 239-293-6122	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40075970

