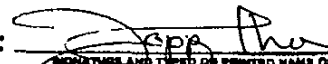


**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90156 040 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |         |                                                                                              |                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P01000104268</b><br>1. Entity Name<br><b>J &amp; J PETROLEUM, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                |         |                                                                                              |                                 |  |
| Principal Place of Business<br><b>5807 N US 1<br/>         COCOA, FL 32927</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |         | Mailing Address<br><b>5807 N US 1<br/>         COCOA, FL 32927</b>                           |                                                                                                                  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                                    |                                                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |         | City & State                                                                                 |                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | Country |                                                                                              | Zip                                                                                                              |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                | Country |                                                                                              | 4. FEI Number<br><b>65-1151033</b>                                                                               |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                |         |                                                                                              | <b>\$8.75 Additional Fee Required</b>                                                                            |  |
| 6. Name and Address of Current Registered Agent<br><b>THOMAS, JOPPEN<br/>         5807 N US 1<br/>         COCOA, FL 32927</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |         |                                                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P O Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |         |                                                                                              | FL Zip Code                                                                                                      |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when resigning) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |         |                                                                                              |                                                                                                                  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>         Due by September 7, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>          |                                                                                                                  |  |
| <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |         | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |                                                                                                                  |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                |         |                                                                                              |                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P THOMAS, LUKE <input type="checkbox"/> Delete<br>1241 OLDE BAILEY LN<br>W MELBOURNE, FL 32904 |         |                                                                                              |                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP THOMAS, JOPPEN <input type="checkbox"/> Delete<br>318 COBBLE WOOD DR<br>ROCKLEDGE, FL 32955 |         |                                                                                              |                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                |         |                                                                                              |                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                |         |                                                                                              |                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                |         |                                                                                              |                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                |         |                                                                                              |                                                                                                                  |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |         |                                                                                              |                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |         |                                                                                              |                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |         |                                                                                              |                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |         |                                                                                              |                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |         |                                                                                              |                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |         |                                                                                              |                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |         |                                                                                              |                                                                                                                  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |                                                                                                |         |                                                                                              |                                                                                                                  |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                |         |                                                                                              |                                                                                                                  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |         |                                                                                              |                                                                                                                  |  |
| Date <b>5-2-05</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                |         |                                                                                              |                                                                                                                  |  |

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05022005 Chg-P CR2E034 (10/03)

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|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-1151033</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

FL Zip Code