


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90066 050 ***150.00

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| DOCUMENT # P02000065880 |  |
| 1. Entity Name HERITAGE OIL CORP. | |

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| Principal Place of Business 3100 NORTH OCEAN BOULEVARD SUITE 306 FORT LAUDERDALE, FL 33308 US | Mailing Address 3100 NORTH OCEAN BOULEVARD SUITE 306 FORT LAUDERDALE, FL 33308 US |
|---|---|

60020775



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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address 4639 CHANNING PARK WAY Suite, Apt. #, etc. |
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02222007 Chg-P CR2E034 (12/06)

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|-------------------------|---------|--|------------------------|
| City & State Zip | Country | City & State Rock Hill, SC Zip 29732-8665 | Country: USA |
|-------------------------|---------|--|------------------------|

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| 4. FEI Number 04-3691279 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent TROCH, MICHAEL J 3100 NORTH OCEAN BOULEVARD SUITE 306 FORT LAUDERDALE, FL 33308 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete TROCH, MICHAEL 3100 NORTH OCEAN BOULEVARD SUITE 306 FORT LAUDERDALE, FL 33308 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael Troch 4639 Channing Park Way Rock Hill, SC 29732-8665 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete TROCH, LINDA 3100 NORTH OCEAN BOULEVARD SUITE 306 FORT LAUDERDALE, FL 33308 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Linda Troch 4639 Channing Park Way Rock Hill, SC 29732-8665 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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 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:  **Michael Troch** **2/28/07** **803-524-6868**

Signature and typed or printed name of signing officer or director Date Daytime Phone #