

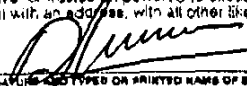
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E.K.WILLIAM

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90081 002 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000028518			
1. Entity Name ST. THOMAS OIL INC. <i>Phone - 321-508-4651</i>			
Principal Place of Business 1832 SURREY CT VIERA FL 32955 <i>NEW ADDRESS</i>		Mailing Address 1832 SURREY CT VIERA, FL 32955	
2. Principal Place of Business <i>2903</i>		3. Mailing Address <i>HARBOR CITY BLVD</i>	
Suite, Apt. #, etc. <i>MELBOURNE</i>		Suite, Apt. #, etc.	
City & State <i>MELBOURNE, FL</i>		4. FBI Number <i>43-2004847</i>	
Zip <i>32901</i>		Country <i>BREVARD</i>	
5. Name and Address of Current Registered Agent LUKOSE, JOMON 1832 SURREY CT VIERA, FL 32955		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code	
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 filer (applicant) (NOTE: Registered Agent signature required when relieving) Date _____			
PAY NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD LUKOSE, JOMON 1832 SURREY CT VIERA, FL 32955 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CHANDRY, JOSEPH 9004 MARYLAND STREET NILES, IL 60714 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D JOSEPH, SIBY 615 JILL CT. DESPLAINES IL 60018 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 addressee, with all other like empowered.			
SIGNATURE: 		511605	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	