## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P03000040304

Entity Name: SST OIL CORPORATION

THOMAS, ANISHA

LARGO, FL 33770

1190 MISSOURI AVE

Name: Address:

City-St-Zip:

FILED Sep 15, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1190 MISSOURI AVE LARGO, FL 33770 **Current Mailing Address: New Mailing Address:** 1190 MISSOURI AVE LARGO, FL 33770 FEI Number: 56-2342066 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MATHEW, SAJI MATHEW, MAGIE 7832 AMBER COURT 7832 AMBER COURT SEMINOLE, FL 33722 SEMINOLE, FL 33722 US US 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. SIGNATURE: MAGIE MATHEW 09/15/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition LUKOSE, JOMON Name: Name: 1832 SURREY COURT Address: Address: City-St-Zip: VIERA, FL 32955 City-St-Zip: ( ) Delete Title: VD Title: () Change () Addition Name: KUNNATH, JOSE Name: 9306 N. PARKSIDE DRIVE Address: Address: DESPLAINS, IL 60016 City-St-Zip: City-St-Zip: Title: Title: DS ( ) Delete DS (X) Change ( ) Addition MATHEW, SAJI Name: MATHEW, MAGIE Name: 7832 AMBER COURT 7832 AMBER COURT Address: Address: City-St-Zip: SEMINOLE, FL 33722 City-St-Zip: SEMINOLE, FL 33722 Title: DT ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MAGIE MATHEW S 09/15/2005