2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P03000076959 03-22-2004 90077 046 ***158.75 1. Entity Name PENN ENERGY CORPORATION Principal Place of Business Mailing Address 24026755 924 VALMAR STREET 924 VALMAR STREET VALRICO, FL 33594 VALRICO, FL 33594 3. Malling Address 2. Principal Place of Business 924 VAW VALMAR ST VANMAR Suite, Apt. #, etc. Suite, Apt. #, etc 03052004 CB2E034 (10/03) Cha-P 4. FEI Number City & State City & State Applied For 59-1892075 BRANDON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired υŚ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEITH, W.C. Street Address (P.O. Box Number is Not Acceptable) 1722 STAYSAIL DRIVE VALRICO, FL 33594 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 coligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Change ■ Addition PENNINGTON, ROY NAME NAME STREET ADDRESS 924 VALMAR STREET STREET ADDRESS VALRICO, PL 53594 BRANDON FI CITY-ST-ZIP 33511 CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete MoitibbA 🔲 TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 truly 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 attechm

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED Mar 22, 2004 8:00 am