

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

APPROVAL  
AND  
FILED

06 SEP -5 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |
|--|---|
| <b>DOCUMENT # P03000115351</b>   |   |
| 1. Entity Name<br><b>JETPORT PETROLEUM, INC</b>                            |   |
| Principal Place of Business<br><b>8201 BENRUS ST<br/>ORLANDO, FL 32812</b> | Mailing Address<br><b>P.O.BOX:- 121438<br/>CLERMONT, FL 34711</b> |



09012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>20-0313539</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

**6. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

**ALLEYNE, LYNDON  
500 E. SEMORAN BLVD  
2022  
CASSELBERRY, FL 32707**

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.

**100079512951**  
**09/06/06--01019--033 \*\*150.00**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>ALLEYNE, LYNDON<br>500 E. SEMORAN BLVD, STE 2022<br>CASSELBERRY, FL 32707 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>ROOPHAH, RAMESH<br>3124 LANDTREE PLACE<br>ORLANDO, FL 32812                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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: *Lyndon Alleyne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**09/31/06**

9/31/06