2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000141855

1. Entity Name
PNB PETROLEUM CORPORATION



FILED Jan 20, 2006 08:00 AM Secretary of State

Principal Place of Business

342 ELEVENTH ST ATLANTIC BCH, FL 32233 Mailing Address

342 ELEVENTH ST ATLANTIC BCH, FL 32233



01172006

No Chg-P

CR2E034 (11/05)

4.	FEI Number
	58-1346322

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECTON, PHILIP N 342 ELEVENTH ST ATLANTIC BCH, FL 32233

DO NOT WRITE IN THIS SPACE

		{						
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 the fill applicable. (NOTE Registered Agent signature required when reinstating) DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing _ 🔲	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP BECTON, PHILIP N 11 342 ELEVENTH ST ATLANTIC BCH, FL 32233							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VOLLBEER, FRED P H 342 ELEVENTH ST ATLANTIC BCH, FL 32233				01/24/06-80096-005 150.00			
TITLE NAME STREET ADDRESS CITY- ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP								
TITLE NAME STREET ABORESS CITY-ST-ZIP								
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								

12. 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06 706-861-972