2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003169

Entity Name: A ONE PETRO INC.

FILED Feb 13, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1999 BUC VIERA, FL	CKHEAD CT L 32955				
Current Mailing Address:			New Mailing Address:		
1999 BUC VIERA, FL	CKHEAD CT L 32955				
FEI Number	r: 37-1483142	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
PATEL, S. 1999 BUC VIERA, FL	CKHEAD CT	6			
	e named entity te of Florida.	submits this statement for the p	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	IRE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	ımpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D (PATEL, SAND 1999 BUCKHE VIERA, FL 32	EAD CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SHAH, NISHIT 4220 W KING COCOA, FL 3	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (SHAH, SUMIT) Delete T	Title: Name:	() Change () Addition	
City-St-Zip:	402 HITGPOIN COCOA, FL 3		Address: City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: SANDEEP PATEL PD 02/13/2006