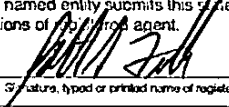
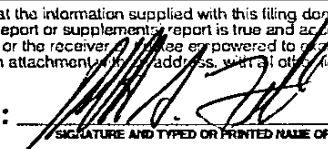


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90062 011 ***150.00

DOCUMENT # P04000074623 1. Entity Name GLADES OIL CORPORATION																													
Principal Place of Business 12000 S.W. 99TH AVENUE MIAMI, FL 33176			Mailing Address 12000 S.W. 99TH AVENUE MIAMI, FL 33176																										
2. Principal Place of Business 21250 Sheridan ST. Suite, Apt. #, etc.		3. Mailing Address 21250 Sheridan ST. Suite, Apt. #, etc.																											
City & State Pembroke Pines, FL. Zip 33332		City & State Pembroke Pines, FL. Zip 33332		4. FEI Number 20-1108011																									
Country United States		Country United States		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01182005 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent FULLER, ROBERT A 12000 S.W. 99TH AVENUE MIAMI, FL 33176			7. Name and Address of New Registered Agent Name Robert A. Fuller Street Address (P.O. Box Number is Not Acceptable) 21250 Sheridan ST City Pembroke Pines, FL Zip Code 33332																										
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 the registered agent. SIGNATURE  Robert A. Fuller, President DATE 1-27-05 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>RULLER, ROBERT A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12000 S.W. 99TH AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33176</td> <td></td> </tr> </table>			TITLE	D	☐ Delete	NAME	RULLER, ROBERT A		STREET ADDRESS	12000 S.W. 99TH AVENUE		CITY-ST-ZIP	MIAMI, FL 33176		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>Fuller, Robert A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21250 Sheridan ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Pembroke Pines, FL. 33332</td> <td></td> </tr> </table>			TITLE	D	☒ Change ☐ Addition	NAME	Fuller, Robert A		STREET ADDRESS	21250 Sheridan ST.		CITY-ST-ZIP	Pembroke Pines, FL. 33332	
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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 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, trustee or person 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 address, without or with power of attorney.																													
SIGNATURE: 			1-27-05 (954) 450-9003 Date Day-Month-Year																										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													