

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90175 009 ***150.00

DOCUMENT # P04000076953			
1. Entity Name MANSIA PETROLEUM, INC.			
Principal Place of Business 501 E. ATLANTIC BOULEVARD POMPAÑO BEACH, FL 33060		Mailing Address 501 E. ATLANTIC BOULEVARD POMPAÑO BEACH, FL 33060	
2. Principal Place of Business 2995 S. 25TH STREET		3. Mailing Address 2995 S. 25TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. PIERCE, FL		City & State FT. PIERCE, FL	
Zip 34981	Country USA	Zip 34981	Country USA
4. FEJ Number 80-0120435		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SARKAR, MANJINDER 501 E. ATLANTIC BOULEVARD POMPAÑO BEACH, FL 33060		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2995 S. 25TH STREET City FT. PIERCE FL Zip Code 34981	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARKAR, MANJINDER <input type="checkbox"/> Delete 501 E. ATLANTIC BOULEVARD POMPAÑO BEACH, FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES, SECY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2995 S. 25TH STREET FT. PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P AMIT HANDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2995 S. 25TH STREET FT. PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u>M. D. Sarkar</u>		Date: <u>4-15-05</u> Daytime Phone #: <u>772-595-6462</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	