

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90345 010 \*\*\*150.00

**DOCUMENT # P04000114869**

1. Entity Name  
**K-SPACE PETROLEUM CORP.**



Principal Place of Business  
**3120 COURTNEY HIGHWAY, NORTH  
MERRITT ISLAND, FL 32952 US**

Mailing Address  
**3120 N COURTENAY PKWY  
MERRITT ISLAND, FL 32953 US**

40070



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1457801</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

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

**RAHMAN, BADAL  
401 WEST FLORIDA AVENUE  
5F  
HAINES CITY, FL 33844**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P RAHMAN, BADAL 401 WEST FLORIDA AVENUE, 5F HAINES CITY, FL 33844</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP CHOWDHURY, JAHAN 440 VIA TUSCANY LOOP LAKE MARY, FL 32746</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Badal Rahman*

Date

Daytime Phone #