2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 26, 2005 8:00 am Secretary of State **DOCUMENT # P04000126027** 04-26-2005 90175 006 ***150 00 1. Entity Name SAMA PETROLEUM, INC. Principal Place of Business Mailing Address 20046995 4144 NW 41ST DRIVE 4144 NW 41ST DRIVE COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 2. Principal Place of Business 3. Mailing Address 1998 1998 N. USI N. US HWY I Suite, Apt. #, etc. Suite, Apt. #, etc. 01242005 CR2E034 (10/03) Chg-P 4) FEI Number Applied For City & State 34-2035653 Ft. PIERCE, PIERCE Not Applicable Zip 34946 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ST. LUCIE LUC16 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SARKAR, SADHAN Street Address (P.O. Box Number is Not Acceptable) 4144 NW 41ST DRIVE COCONUT CREEK, FL 33073 Zip Code 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT/SECRETARY/ [SADHAN SARIKAR TREASURER Addition TITLE ☐ Delete TITLE Change SARKAR, SADHAN NAME NAME 1998 N. US HWY I FT. PIERCE, FL- 34946 STREET ADDRESS 4144 NW 41ST DRIVE STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33073 CITY-ST-ZIP Delete Addition TITLE ☐ Change TITLE GURBIR CHEEMA NAME NAME 1998 NIUS HWY I STREET ADDRESS STREET ADDRESS شافط شا Fr. PIERICE, FL-34946 CITY-ST-ZIP CITY-ST-ZIP TITLE TIRE ☐ Change **■ Addition** ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS - " = 1 - [L 331 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Сhange ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 305 610-4287

FILED

Daytime Phone #