

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90024 009 ***150.00

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07052006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000144747 1. Entity Name OILFIELD INFLUENCED, INC.			
Principal Place of Business 2708 ALTERNATE 19 NORTH SUITE 507 #9 PALM HARBOR, FL 34684		Mailing Address 35246 US HWY 19 NORTH #319 PALM HARBOR, FL 34684	
2. Principal Place of Business 911 Oakmont Ave. Suite, Apt. #, etc. Suite 1 City & State Tarpon Springs, FL Zip 34689 Country Pinellas	3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country	4. FEI Number NOT APPLICABLE <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BUSINESS FILINGS INC 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete PELSZYNSKI, NANCY 2708 ALTERNATE 19 NORTH SUITE 507 #9 PALM HARBOR, FL 34683	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>X NANCY A PELSZYNSKI</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/5/06 727.943.3960 Date Daytime Phone #	