## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000144747  1. Entity Name OILFIELD INFLUENCED, INC.						07-11-2006 90		00
Principal Place of Business Mailing Address 2708 ALTERNATE 19 NORTH SUITE 507 #9 35246 US HWY 19 NORTH #319 PALM HARBOR, FL 34684 PALM HARBOR, FL 34684				19	4	<b>UU</b> Y8644		
6 Division Division Bullion								
2. Principal Place of Business  3. Mailing Address  Same			_			EBUH 02801 [881] [881	BF 11811 82811 82811 10081 181811 11	IEIAA) (  EEAT
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07052006	Chg-P	CR2E034 (11/05)	1	
Suite City & State		City & State		4. FEI Numbe	ı	I A	pplied For	
Tarpon springs, FL		70		NOT APPLICABLE Not Applicable				
34189 Pinellas		Zip Country		itry	5. Certificate	of Status Desired	See Require	
	6. Name and Address of Current I	Registered Agent	·		7. Name and	Address of New R	egistered Agent	
BUSINESS FILINGS INC				Name				
1203 GOVERNORS SQUARE BLVD SUITE 101			Street Address (P.O. Box Number is Not Acceptable)					
	SSEE, FL 32301-2960							
			City	FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or registe	ered agent, or bott	h, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	9. Election Campa Trust Fund Cont			5.00 May Be ded to Fees	In accordance v corporation did	vith s. 607.193(2)(b) not receive the prior	, F.S., the notice.
10.	ue by September 6, 2006  OFFICERS AND	Trust Fund Cont	ribution.	Ād	ded to Fees	corporation did	not receive the prior	notice.
Di	ue by September 6, 2006	Trust Fund Cont	ribution.	E Ad	ded to Fees	corporation did	not receive the prior	notice.
10.	OFFICERS AND	Trust Fund Cont	11.	E Ad	ded to Fees	corporation did	not receive the prior	notice.
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I nerepy certify that the information supplied with this filling 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.