2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P04000144747 04-30-2007 90833 042 ***150.00 OILFIELD INFLUENCED, INC. Principal Place of Business Mailing Address 40026004 1911 OAKMONT AVE 35246 US HWY 19 NORTH #319 SUITE 1 PALM HARBOR, FL 34684 TARPON SPRINGS, FL 34689 Principal Place of Business - No P.O. Box # 3. Mailing Address 425A East Spruce St Same Suite, Apt. #, etc. Suite, Apt. #, etc. 03282007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** springs Tarpon Not Applicable Żip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box <u>Pinellas</u> Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BUSINESS FILINGS INC** Street Address (P.O. Box Number is Not Acceptable) 1203 GOVERNORS SQUARE BLVD 15 **SUITE 101** TALLAHASSEE FL 32301-2960 City Zip Code FL 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, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change 🔲 Addition Pélszynski, Nancy 435A East Spruce PELSZYNSKI, NANCY- 4. NAME MAME STREET ADDRESS 2708 ALTERNATE 19 NORTH SUITE 507 #9 STREET ADDRESS PALM HARBOR, FL 34683 <u>Tarpon Springs, FL</u> CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change X Addition Charles R. Wilson Jr. 687 Alderman Rd. # 302 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Palm Harbor, Fl 34683 CITY-ST-ZIP X Addition TITLE ☐ Delete THEF vasilils Papaloopoulos NAME NAME 1518 Price cir. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP <u>clearwat</u>er, Fl 33764 TITLE ☐ Defete TETLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITEE ☐ Defete T171 F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby 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.

FILED