## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000018005

FILED May 04, 2007 Secretary of State

Entity Name: OCALA PETRO INC.							
Current Principal Place of Business:				New Principal Place of Business:			
402 B HIGH POINT DR COCOA, FL 32926				402 HIGH POINT DR SUITE 201 COCOA, FL 32926			
Current Mailing Address:				New Mailing Address:			
402 B HIGH POINT DR COCOA, FL 32926				402 HIGH POINT DR SUITE 201 COCOA, FL 32926			
FEI Number:	68-0602555	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status I	Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SHAH, RAJENDRA 402 B HIGH POINT DR COCOA, FL 32926 US				SHAH, RAJENDRA 402 HIGH POINT DR SUITE 201 COCOA, FL 32926 US			
The above in the State	named entity รเ of Florida.	ubmits this statement for the pu	rpose o	f changing it	s registered o	ffice or registered ag	gent, or both,
SIGNATURE: RAJENDRA SHAH				05/04/2007			
Electronic Signature of Registered Agent				Date			
		(2)(b), F.S., the corporation did not i Trust Fund Contribution ( ).	receive tl	he prior notice	<b>).</b>		
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	D () E SHAH, RAJENDR 402 B HIGH POIN COCOA, FL 329	NT DR		Title: Name: Address: City-St-Zip:	SHAH, RAJEND	IT DR SUITE 201	
Title: Name: Address: City-St-Zip:	D () E SHAH, SUNIL 10064 DEER CR JACKSONVILLE,			Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	MODI, CHANDE	RD MILL ROAD	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () SHETH, NILESH 3465 SE 54TH A OCALA, FL 344	AVE.	
Title: Name: Address: City-St-Zip:	()[	Delete		Title: Name: Address: City-St-Zip:	PATEL, SHITAL	RSPRINGS BLVD.	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAJENDRA SHAH 05/04/2007 D