2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P05000018005

Entity Name: OCALA PETRO INC.

Current Principal Place of Business:

402 HIGH POINT DR
SUITE 201
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

402 HIGH POINT DR
SUITE 201
COCOA, FL 32926

New Mailing Address:

FEI Number: 68-0602555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAH, RAJENDRA
402 HIGH POINT DR
SUITE 201
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SHAH, RAJENDRA	
Address:	402 HIGH POINT DR SUITE 201	
City-St-Zip:	COCOA, FL 32926	
Title:	D	( ) Delete
Name:	SHAH, SUNIL	
Address:	10064 DEER CREEK RD E	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	MODI, CHANDRAKANT	
Address:	9958 BLAKEFORD MILL ROAD	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	D	( ) Delete
Name:	SHETH, NILESH	
Address:	3465 SE 54TH AVE.	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	PATEL, SHITALKUMAR	
Address:	3928 W. SILVERSPRINGS BLVD.	
City-St-Zip:	OCALA, FL 34482	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 R SHAH MGR 04/15/2009

Electronic Signature of Signing Officer or Director — Date