

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000023479

FILED
Oct 18, 2006
Secretary of State**Entity Name:** NORTHERN GASOLINE, INC.**Current Principal Place of Business:**252 AYLSEBURY LANE
DAVENPORT, FL 33837 US**New Principal Place of Business:**10614 DEMILO PLACE
202
ORLANDO, FL 32836 US**Current Mailing Address:**252 AYLSEBURY LANE
DAVENPORT, FL 33837 US**New Mailing Address:**10614 DEMILO PLACE
202
ORLANDO, FL 32836 US**FEI Number:** 20-2326637**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHIVJI, MUSTAFA
252 AYLSEBURY LANE
DAVENPORT, FL 33837 US**Name and Address of New Registered Agent:**SHIVJI, MUSTAFA
10614 DEMILO PLACE
#202
ORLANDO, FL 32836 US

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: MUSTAFA SHIVJI

10/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHIVJI, MUSTAFA
Address: 252 AYLSEBURY LANE
City-St-Zip: DAVENPORT, FL 33837 US

Title: VD () Delete
Name: LAKHANI, RANA
Address: 252 AYLSEBURY LANE
City-St-Zip: DAVENPORT, FL 33837 US

Title: D () Delete
Name: LAKHANI, AYAZ
Address: 252 AYLSEBURY LANE
City-St-Zip: DAVENPORT, FL 33837 US

Title: D () Delete
Name: LAKHANI, MALIK
Address: 252 AYLSEBURY LANE
City-St-Zip: DAVENPORT, FL 33837 US

Title: D () Delete
Name: LAKHANI, AZIZ
Address: 252 AYLSEBURY LANE
City-St-Zip: DAVENPORT, FL 33837 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: SHIVJI, MUSTAFA/MOHAMM
Address: 10614 DEMILO PLACE #202
City-St-Zip: ORLANDO, FL 32836 US

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: D () Change (X) Addition
Name: MERCHANT, NEELAM
Address: 363 TAVERNIER CIRCLE
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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: MUSTAFA SHIVJI

PD

10/18/2006

Electronic Signature of Signing Officer or Director

Date