## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P05000059247  1. Entity Name NANU PETROLEUM INC				05-11-2006 90237	016 ***150	.00	
Principal Place of Business	Mailing Address						
7858 SUGAR VIEW COURT ORLANDO, FL 32819 US	7858 SUGAR VIEW COUI ORLANDO, FL 32819	RT US					
2. Principal Place of Business  A. U.S. HWY, 27 N. 3115 DOLPHIM							
Suite, Apt. #, etc.	Suite, Apt. #, etc.		05052006	Chg-P CR2	2E034 (11/05)		
AVON PARK FL.	City & State SEBRING	FL.	4. FÉI Numb	-0146829	Ap No	plied For t Applicable	
Zip Country 33845	33870	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DATE: CHAILEDILL			Name				
PATEL, SHAILESH J 7858 SUGAR VIEW COURT ORLANDO, FL 32819			Street Address (P.O. Box Number is Not Acceptable)				
ONE WOO, TE GEO 10					————————————————————————————————————		
		City		F	Zip Code	€	
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 Typed or brimed name of registered agent and trile if applicable.  (NOTE: Registered Agent signature regulared when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00  Due by September 6, 2006  9. Election Campaign Finar Trust Fund Contribution.			\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
** 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ND DIRECTORS	11.		/CHANGES TO OFFICERS /			
NAME PATEL, HETAL S STREET ADDRESS 7858 SUGAR VIEW COURT	☐ Delete	STREET ADDRESS	PATEL H	ETAL S PHIN DR FL 33870	<b>≥</b> Change	Addition	
TITLE VP	☐ Delete	1171 E	EBRING 1P		<b>∫</b> Change	Addition	
NAME PATEL, SHAILESH J STREET ADDRESS 7858 SUGAR VIEW COURT				IAILESH J .PHIN DR	·		
CITY-ST-ZIP ORLANDO, FL 32819		CITY-ST-ZIP	EBRING	PL 33870			
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition .	
CITY-ST-ZIP		CITY-ST-ZIP					
TIFLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
I hereby certify that the information supplied indicated on this report or supplemental rep of the corporation or the receiver or trustee expenses.	with this filing does not qualify fo ort is true and accurate and that n empowered to execute this report	r the exemptions cont ny signature shall have as required by Chapte	ained in Chapter 11 a the same legal effe er 607, Florida Statut	<ol> <li>Florida Statutes. I further of as if made under oath; the es; and that my name appear</li> </ol>	certify that the in at I am an officer ars in Block 10 or	nformation or director r Block 11 if	

VP-PATEZ

4/30/06