
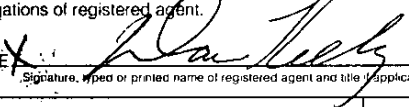
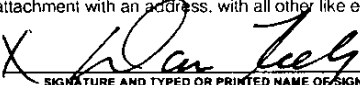


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90003 010 ***150.00

DOCUMENT # P06000022864 1. Entity Name PETROTRUST INCORPORATED					
Principal Place of Business 609 LAKE AVENUE SUITE 2 LAKE WORTH, FL 33460 US			Mailing Address 609 LAKE AVENUE SUITE 2 LAKE WORTH, FL 33460 US		
2. Principal Place of Business - No P.O. Box # 120 SO. OLIVE AVE		3. Mailing Address 120 SO. OLIVE AVE			
Suite, Apt. #, etc. 400		Suite, Apt. #, etc. 400			
City & State WEST PALM BEACH		City & State WEST PALM BEACH			
Zip 33401	Country US	Zip 33401	Country US	4. FEI Number 20-4305314	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KIELY, DAN 609 LAKE AVENUE SUITE 2 LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent Name KIELY, DAN Street Address (P.O. Box Number is Not Acceptable) 120 SO. OLIVE AVE SUITE 400 City WEST PALM BEACH, FL Zip Code 33401		
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:  DATE: 5/25/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHMN KEEFE, ROBERT 609 LAKE AVENUE LAKE WORTH, FL 33460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KIELY, DAN 609 LAKE AVENUE LAKE WORTH, FL 33460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: 				Date: 5/25/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					