


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90086 028 ***150.00

DOCUMENT # P06000034797	
1. Entity Name PETROGROUP INTERNATIONAL, INCORPORATED	

Principal Place of Business 609 1/2 LAKE AVENUE LAKE WORTH, FL 33460	Mailing Address 609 1/2 LAKE AVENUE LAKE WORTH, FL 33460
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2. Principal Place of Business - No P.O. Box # 120 South Olive Ave	3. Mailing Address 120 S. Olive Ave
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc. Suite 400
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33401	Country USA

40103000

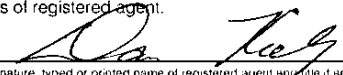


04302007 Chg-P CR2E034 (12/06)

4. FEI Number 204677809	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

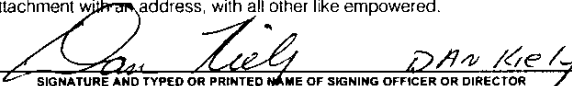
5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KIELY, DAN 609 1/2 LAKE AVENUE LAKE WORTH, FL 33460	
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7. Name and Address of New Registered Agent Name Kiely, Dan Street Address (P.O. Box Number is Not Acceptable) 120 S. Olive Avenue 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 4/30/07 <small>(NOTE: Registered Agent signature required when re-registering)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIELY, DAN 609 1/2 LAKE AVENUE LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kiely, Dan 120 S. Olive Ave Suite 400 West Palm Beach, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DAN KIELY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/30/07 Daytime Phone 561 832 3321