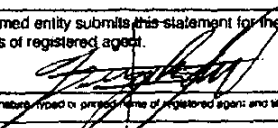
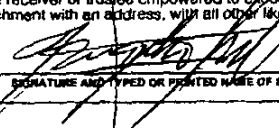


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FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90076 020 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000072771			
1. Entity Name F.P. PETROLEUM, INC.			
Principal Place of Business 970 S. MILITARY TRAIL WEST PALM BEACH, FL 33415		Mailing Address 970 S. MILITARY TRAIL WEST PALM BEACH, FL 33415	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 204966326		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARDS, WAYNE M ESQ. 2001 BROADWAY SUITE 101 RIVIERA BEACH, FL 33404		7. Name and Address of New Registered Agent Name Virgilio P. Flores Street Address (P.O. Box Number is Not Acceptable) 10507 Marsh St. Wellington FL 33414 City FL 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  DATE 7/7/07 Signature must be printed name of registered agent and date if applicable. (NOTE: Registered Agent signature not required when consulting)			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.183(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	PVST FLORES, VIRGILIO P POST OFFICE BOX 223029 WEST PALM BEACH, FL 334223029 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST Flores Virgilio P. 10507 Marsh St. Wellington FL 33414 ☒ 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	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 7/7/07 (561) 689 6467 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			