2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 30, 2008 08:00 AM Secretary of State DOCUMENT # P06000084366 1. Entity Name DAMERICA PETROLEUM, INC. Principal Place of Business Mailing Address 6323 NW 80TH TERRACE 6323 NW 80TH TERRACE PARKLAND, FL 33067 PARKLAND, FL 33067 DO NOT WRITE IN THIS SPACE 03112008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 20-5262016 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RITTER, LOUIE DO NOT WRITE 6323 NW 80TH TERRACE PARKLAND, FL 33067 IN THIS SPACE 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE RITTER, LOUIE NAME STREET ADDRESS 6323 NW 80TH TERRACE CITY-ST-ZIP PARKLAND, FL 33067 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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, but all other like empowered.

OF SIGNING OFFICER OR DIRECTOR

FILED

Davime Phone #