2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38664

Entity Name: BP ENERGY OF DELAWARE INC.

FILED Apr 26, 2007 Secretary of State

That I talk of the BED WARE, INC.						
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
4101 WINFIELD RD WARRENVILLE, IL 60555 US				501 WEST LAKE PARK BLVD. HOUSTON, TX 77079 US		
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 1036 WARRENVILLE, IL 605551036 US				501 WEST LAKE PARK BLVD. HOUSTON, TX 77079 US		
FEI Number: 36-3421804 FEI Number Applied For () FEI Number			Number Not Appl	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 SOUT	ORATION SYS FH PINE ISLAN ON, FL 33324					
The above in the State		ubmits this statement for the purpos	e of changing i	ts registered o	office or registered agent, or both,	
SIGNATURE:						
Electronic Signature of Registered Agent					Date	
Election Carr	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V () ALVAREZ, OA 4101 WINFIELD WARRENVILLE,		Title: Name: Address: City-St-Zip:	BULLOCK, T. 4101 WINFIEL	D RD E, IL 60555 US	
Title: Name: Address: City-St-Zip:	T () NOVARIA, RJ 4101 WINFIELD WARRENVILLE,		Title: Name: Address: City-St-Zip:	VP (X WESSELLS, P 4101 WINFIEL WARRENVILLE	D RD	
Title: Name: Address: City-St-Zip:	SD () PLUMB, DA 4101 WINFIELD WARRENVILLE,		Title: Name: Address: City-St-Zip:	PLUMB, D A 4101 WINFIEL		
Title: Name: Address: City-St-Zip:	AS () STEIN, GEOFF 4101 WINFIELD WARRENVILLE,		Title: Name: Address: City-St-Zip:	T (X NOVARIA, R J 4101 WINFIEL WARRENVILLE		
Title: Name: Address: City-St-Zip:	D () DOWLING, DA 4101 WINFIELD WARRENVILLE,		Title: Name: Address: City-St-Zip:	AS (X STEIN, G E 4101 WINFIEL WARRENVILLE		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D (DOWLING, D A 4101 WINFIEL WARRENVILLE	D RD	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G.E. STEIN AS 04/26/2007