

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000046905

Entity Name: FUELNATION INC.

FILED  
Jul 25, 2006  
Secretary of State

## Current Principal Place of Business:

4121 SW 47TH AVENUE  
SUITE 1301  
DAVIE, FL 33314 US

## Current Mailing Address:

4121 SW 47TH AVENUE  
SUITE 1301  
DAVIE, FL 33314 US

## New Principal Place of Business:

999 STINSON WAY  
301  
WEST PALM BEACH, FL 33411 US

## New Mailing Address:

999 STINSON WAY  
301  
WEST PALM BEACH, FL 33411 US

FEI Number: 65-0827283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALMONSON, CHRIS R  
4121 SW 47TH AVENUE  
SUITE 1301  
DAVIE, FL 33314 US

## Name and Address of New Registered Agent:

SALMONSON, CHRIS R  
999 STINSON WAY  
301  
WEST PALM BEACH, FL 33411 US

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.

SIGNATURE:

07/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ALKHALIFA, ISA MOHAMMED  
Address: 4121 SW 47TH AVENUE  
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Delete  
Name: SCHLECHT, WILLIAM C  
Address: 4121 SW 47TH AVENUE  
City-St-Zip: DAVIE, FL 33314 US

Title: CPD ( ) Delete  
Name: CHRIS, SALMONSON  
Address: 4121 SW 47TH AVENUE  
City-St-Zip: DAVIE, FL 33314

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ALKHALIFA, ISA MOHAMMED  
Address: 999 STINSON WAY  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D (X) Change ( ) Addition  
Name: SCHLECHT, WILLIAM C  
Address: 999 STINSON  
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: CPD (X) Change ( ) Addition  
Name: CHRIS, SALMONSON  
Address: 999 STINSON WAY  
City-St-Zip: WEST PALM BEACH, FL 33411

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: CHRIS SALMONSON

PRES

07/25/2006

Electronic Signature of Signing Officer or Director

Date