


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90012 001 ***150.00

DOCUMENT # P93000070157 1. Entity Name EVERYTHING FOR GAS, INC.	
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Principal Place of Business 11947 NW 37TH ST CORAL SPRINGS, FL 33065 US	Mailing Address 11947 NW 37TH ST CORAL SPRINGS, FL 33065 US
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DO NOT WRITE IN THIS SPACE

03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0489490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUFFINGTON, GREGORY G 11947 NW 37TH ST CORAL SPRINGS, FL 33065	DO NOT WRITE IN THIS SPACE
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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) DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUFFINGTON, GREGORY 4640 ISLAND REEF DR WELLINGTON, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUFFINGTON, ZOILA E 4640 ISLAND REEF DR WELLINGTON, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUFFINGTON, GREGORY G 6518 N.W. 72ND PLACE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, STEPHEN A 8920 S.W. 104TH ST. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAPLAN, STEPHEN A 8920 SW 104TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALENICK, DONAL H 4461 WAYSIDE DR NAPLES, FL 34119
DO NOT WRITE IN THIS SPACE	

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/26/07 Daytime Phone #: 954.340.9278