

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000005651

Entity Name: OIL EXCHANGE, INC.

FILED
Feb 06, 2004
Secretary of State

Current Principal Place of Business:

10675 S. US HWY 1
PORT ST. LUCIE, FL

New Principal Place of Business:

10675 S. US HWY 1
PORT ST. LUCIE, FL 34952

Current Mailing Address:

10675 S. US HWY 1
PORT ST. LUCIE, FL

New Mailing Address:

10675 S. US HWY 1
PORT ST. LUCIE, FL 34952

FEI Number: 65-0458351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRTH, AARON
10675 S. US HWY 1
PORT ST. LUCIE, FL US

Name and Address of New Registered Agent:

BIRTH, JONATHAN
10675 S. US HWY 1
PORT ST. LUCIE, FL 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: JONATHAN BIRTH

02/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BIRTH, AARON
Address: 1569 SE TIFFANY CLUB PLACE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VPD () Delete
Name: BIRTH, SANDRA
Address: 2042 SW GAILWOOD STREET
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: VPD () Delete
Name: BIRTH, JONATHAN
Address: 2042 SW GAILWOOD STREET
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: STD () Delete
Name: BIRTH, DAVID A
Address: 2042 SW GAILWOOD STREET
City-St-Zip: PORT ST. LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BIRTH, AARON
Address: 2042 SW GAILWOOD STREET
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JONATHAN BIRTH

VPD

02/06/2004

Electronic Signature of Signing Officer or Director

Date