2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 28, 2008 08:00 AN Secretary of State DOCUMENT # P94000051622 1. Entity Name ARK OIL GORP. Principal Place of Business Mailing Address 1698 ALTON RD 4315 HENDERSON BLVD. TAMPA, FL 33629-5612 US MIAMI BEACH, FL 33139-2426 CR2E034 (11/05) 04022008 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0542152 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ABRAMOVICH, ABRAHAM DO NOT WRITE 9805 EAST CALUSA CLUB DRIVE MIAMI, FL 33186-2337 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tale if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. P TITLE ROSENBLUM, ALAN NAME U00000925060 05/20/08-80011-016 150.00 STREET ADORESS 17607 NORTHWEST 8TH STREET PEMBROKE PINES, FL 33029 CITY-ST-7IP VΡ TITLE ABRAMOVICH, ABRAHAM STREET ADDRESS 9805 EAST CALUSA CLUB DR. CITY-ST-ZIP MIAMI, FL 331862337 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-S1-7IP

12. Thereby certify that the information supplied with this filting 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.

TITLE S. NAME STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR