2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2007 08:00 AM **Secretary of State** DOCUMENT # P95000068367 PETROLEUM CORPORATION OF AMERICA, INC. Principal Place of Business Mailing Address 1301 SW 2 ST 1301 SW 2 ST POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0604465 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HRENICK, ANDREW 1301 SW 2 ST DO NOT WRITE POMPANO BEACH, FL 33069 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution, ☐ Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HRENICK, ANDREW 1301 SW 2 ST STREET ADDRESS U000000E08849 CATY-ST-ZIP POMPANO BEACH, FL 02/01/07-00026-019 150.00 TITLE HRENICK, DAVID NAME STREET ADDRESS 1301 SW 2 ST POMPANO BEACH, FL 33069 CITY-ST-ZIP TITLE HRENICK, MARY ANN NAME STREET ADDRESS 1301 SW 2 ST DO NOT WRITE CITY-ST-ZIP POMPANO BEACH, FL 33069 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Proma a

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