2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000012947

1. Entity Name

JET PETROLEUM INVESTMENTS, INC.



Principal Place of Business

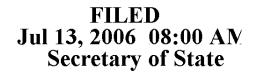
402 HIGH POINT DR

201 COCOA, FL 32926 Mailing Address

402 HIGH POINT DR SUITE 201

COCOA, FL 32926

.





07052006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3364737

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAH, RAJENDRA R 402 HIGH POINT DR 201 COCOA, FL 32926

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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 Due by September 6, 2006 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

OFFICERS AND DIRECTORS 10. PD TITLE NAME SHAH, MAHESH R STREET ADDRESS 702 HAWKSBILL ISLAND DR CITY-ST-ZIP SATELLITE BEACH, FL 32937 SHAH, RAJENDRA R NAME STREET ADDRESS 740 NICKLAUS DRIVE CITY-ST-ZIP MELBOURNE, FL 32940 TITLE MODI, CHANDRAKANT N NAME 9958 BLAKE FORD MILL RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

t/00000569884 07/13/06-80006-019 150.00

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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 attacgment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. . .

Date

Daytime Phone #