2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 11, 2006 8:00 am Secretary of State DOCUMENT # P97000053448 1. Entity Name 04-11-2006 90118 022 ***150.00 OCEAN PROPANE, INC. Principal Place of Business Mailing Address 555 ORANGE AVE. DAYTONA BEACH FL 32114 555 ORANGE AVE. DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address 1575 AVIATION Suite. Apt, #, etc. 1st MOORE CR2E034 (10/05) 30 ite DAYTONA City & State City & State Applied For 4. FEI Number 65-0762352 DAYTON α Not Applicable Country / US / \$8.75 Additional 5. Certificate of Status Desired VOLOSIA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GETER HOSEN GETER, HOSEA JR. Street Address (P.O. Box Number is Not Acceptable) 555 ORANGE AVE. DAYTONA BEACH FL 32114 SeNIECA ST Zip Code 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 priviled name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-installing) FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ₫ TITLE ☐ Delete Change ☐ Addition GETER HOSER IN NAME GÉTTER, HOSEA JR. NAME 365 N Seneca ST STREET ADDRESS 555 ORANGE AVE. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-7IP Delete TITLE Change Addition Geter Hosea NAME GETER, HOSEA NAME N DENECA STREET ADDRESS STREET ADDRESS 365 555 ORANGE AVE. BEALH PL CITY -ST - ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP TITLE TITLE ☐ Delote Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP. 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED