## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V47342

FILED Mar 15, 2006 Secretary of State

Entity Name: SPACE COAST PETRO DISTRIBUTOR, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
.02 HIGH STE. 101	POINT DR			
COCOA, F	FL 32926	US		
Current M	lailing Addı	ress:	New Mailing Addres	s:
02 HIGH STE. 101	POINT DR			
	FL 32926	US		
El Number	: 59-3133348	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	l Address o	f Current Registered Agent:	Name and Address of	of New Registered Agent:
OILEAU, 490 N US				
OCOA, F	L 32926	US		
he above	L 32926		ne purpose of changing its registere	ed office or registered agent, or both,
he above the State	L 32926 named entite of Florida.		ne purpose of changing its registere	ed office or registered agent, or both,
he above the State	named entite of Florida.			ed office or registered agent, or both,  Date
he above the State	named entite of Florida.  RE: Electr	ty submits this statement for th		
he above the State GNATU	named entite of Florida.  RE: Electr	ty submits this statement for the representation of the representa	Agent	
he above the State GNATU	e named entife of Florida.  RE: Electrompaign Finance S AND DIRE DP SHAH, MAHE	ty submits this statement for the ronic Signature of Registered Acing Trust Fund Contribution ( ).  ECTORS:  ( ) Delete ESH R., EBILL ISLAND DR.	Agent	Date
he above the State liGNATUI lection Car  PFFICER itle: ame: ddress:	e named entife of Florida.  RE: Electrompaign Finance  S AND DIRE  DP SHAH, MAHE 702 HAWKS SATELLITE  DS SHAH, RASH	ty submits this statement for the ronic Signature of Registered Acting Trust Fund Contribution ( ).  ECTORS:  ( ) Delete ESH R., SBILL ISLAND DR. BEACH, FL  ( ) Delete HMI M., SBILL ISLAND DR.	Agent  ADDITIONS/CHANG  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RASHMI SHAH DS 03/15/2006