2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V47342

Entity Name: SPACE COAST PETRO DISTRIBUTOR, INC.

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

402 HIGH POINT DR 402 HIGH POINT DR

STE. 101 STE 101

COCOA, FL 32926 US COCOA, FL 32926 US

Current Mailing Address: New Mailing Address:

402 HIGH POINT DR 402 HIGH POINT DR STE. 101 STE 101

COCOA, FL 32926 US COCOA, FL 32926 US

FEI Number: 59-3133348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SOILEAU, JOHN
 3490 N US HWY. 1
 3490 N US HWY 1

 COCOA, FL 32926
 US
 COCOA, FL 32926
 US

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.

SIGNATURE: 03/31/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

Title: DP (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SHAH, MAHESH R. Name: SHAH, MAHESH

402 HIGH POINT DRIVE Address: 402 HIGH POINT DR STE 101

City-St-Zip: COCOA, FL 32926 City-St-Zip: COCOA, FL 32926

Title: DS () Delete Title: DS (X) Change () Addition

 Name:
 SHAH, RASHMI M.
 Name:
 SHAH, RASHMI

 Address:
 402 HIGH POINT DRIVE
 Address:
 402 HIGH POINT DRIVE

 City-St-Zip:
 COCOA, FL 32926
 City-St-Zip:
 COCOA, FL 32926

Title: VP () Delete Title: D (X) Change () Addition

Name: BHALANI, GITA Name: BHALANI, GITA

Address: 402 HIGH POINT DR STE101 Address: 402 HIGH POINT DR STE101

City-St-Zip: COCOA, FL 32926 City-St-Zip: COCOA, FL 32926

Title: () Delete Title: VP () Change (X) Addition Name: SHAH, SUMMIT

Address: Address: 402 HIGH POINT DR STE101

City-St-Zip: City-St-Zip: COCOA, FL 32926

I hereby certify that the information supplied with this filing does not qualify 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: MAHESH SHAH DP 03/31/2009