2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005
Secretary of State

DOCUMENT# F04000004999

Entity Name: THE DRILLOT CORPORATION

Current Principal Place of Business:

325 HORIZON DRIVE
SUWANEE, GA 30024

New Principal Place of Business:

Current Mailing Address:

325 HORIZON DRIVE
SUWANEE, GA 30024

New Mailing Address:

P.O.BOX 97
SUWANEE, GA 30024

FEI Number: 58-1089559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENT'S LEGAL SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32302 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: HAUN, DAVID W
Address: 325 HORIZON DRIVE
City-St-Zip: SUWANEE, GA 30024

Title: VC ( ) Delete
Name: DRILLOT, JOHN A
Address: 325 HORIZON DRIVE
City-St-Zip: SUWANEE, GA 30024

Title: D ( ) Delete
Name: CRUIKSHANK, ROBERT
Address: 325 HORIZON DRIVE
City-St-Zip: SUWANEE, GA 30024

Title: D ( ) Delete
Name: WILLINGHAM, TOM
Address: 325 HORIZON DRIVE
City-St-Zip: SUWANEE, GA 30024

Title: ST ( ) Delete
Name: ETHRIDGE, NANCY H
Address: 325 HORIZON DRIVE
City-St-Zip: SUWANEE, GA 30024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANCY H. ETHRIDGE ST 03/24/2005

Electronic Signature of Signing Officer or Director — Date