


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90075 001 ***158.75

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1. Entity Name
EXPLORATION OF WATER & DRILLING CORP.



Principal Place of Business
**3627 PONCE DE LEON BLVD
 CORAL GABLES, FL 33134**

Mailing Address
**3627 PONCE DE LEON BLVD
 CORAL GABLES, FL 33134**

2. Principal Place of Business
MIAMI

Suite, Apt. #, etc.
202

City & State
MIAMI

Zip
33172

Country
U.S.A.

3. Mailing Address
9581 FONTAINEBLEAU Blvd #202

Suite, Apt. #, etc.
202

City & State
MIAMI

Zip
33172

Country
U.S.A.



04122006 Chg-P CR2E034 (11/05)

4. FEI Number
134323172

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PINO, MIGUEL A
 3627 PONCE DE LEON BLVD
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
MIGUEL A. PINO ROBERTS

Street Address (P.O. Box Number is Not Acceptable)
9581 FONTAINEBLEAU Blvd. #202

City
MIAMI

State
FL

Zip Code
33172

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 *Miguel A. Pino Roberts* DATE *04/28/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME PINO, MIGUEL A	
STREET ADDRESS 3627 PONCE DE LEON BLVD	
CITY-ST-ZIP CORAL GABLES, FL 33134	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DIANA M FERRO	
STREET ADDRESS 8203 S.W. 81 PL	
CITY-ST-ZIP MIAMI, FL 33143	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 attachment with an address, with all other like empowered.

SIGNATURE: *Miguel A. Pino Roberts* DATE *04/28/06* 305-864-9473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #