


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 430999 1. Entity Name BUFKIN WELL DRILLING COMPANY	
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Principal Place of Business 3210 S.W. 106TH AVENUE MIAMI FL 33165	Mailing Address 3210 S.W. 106TH AVENUE MIAMI FL 33165
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-1434326	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BUFKIN, CYRIL H.
3210 S.W. 106TH AVENUE
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	Delete <input type="checkbox"/>
NAME	BUFKIN, CYRIL H.	
STREET ADDRESS	3210 S.W. 106TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	Delete <input type="checkbox"/>
NAME	BUFKIN, LINDA L.	
STREET ADDRESS	3210 S.W. 106TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000741628
05/15/07-80038-002 150.00

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.

SIGNATURE: *Linda L. Bufkin* **LINDA L. BUFKIN** 4-26-07 305-226-3943

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