2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# 820265

Entity Name: MCKINNEY DRILLING COMPANY

Current Principal Place of Business:

1130 ANNAPOLIS RD
SUITE 202
ODENTON, MD 21113

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5005
ODENTON, MD 21113

New Mailing Address:

FEI Number: 75-1236157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: P ( ) Delete
Name: CLOUD, GEORGE
Address: 1265 BLAIRS BRIDGE ROAD
City-St-Zip: LITHIA SPRINGS, GA 30122

Title: VP ( ) Delete
Name: MAHER, BILL
Address: RT 22, 2 MILES EAST OF RT 66
City-St-Zip: DELMONT, PA 15626

Title: S ( ) Delete
Name: YALE, RICK
Address: 1130 ANNAPOLIS ROAD #202
City-St-Zip: ODENTON, MD 21113

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: AS ( ) Change (X) Addition
Name: WOOD, BRIAN S
Address: 1130 ANNAPOLIS ROAD #202
City-St-Zip: ODENTON, MD 21113

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: BRIAN S. WOOD AS 04/20/2005

Electronic Signature of Signing Officer or Director — Date