


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H72063</b> 1. Entity Name DIAMOND CORE DRILLING, INC.	
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Principal Place of Business 12006 HAVANA AVE. PORT RICHEY, FL 34654 US	Mailing Address 8077 ISLAND DR. PORT RICHEY, FL 34668
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01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2571276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  JOHNSON, ILLONA 8077 ISLAND DR. PORT RICHEY, FL 34668
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, ILLONA 8077 ISLAND DR. PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JOHNSON, ROBIN 110502 MURROTT WAY LAND O'LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, WAYNE 8077 ISLAND DR PT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, WAYNE JR 110502 MURROT WAY LAND O' LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/11/08-80008-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Illona Johnson 1-30-08 727-856-3977  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #