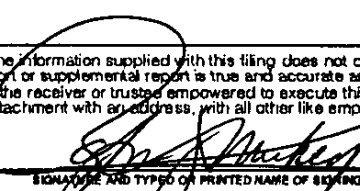


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90265 032 ***150.00

DOCUMENT # H97601 1. Entity Name MILLER DRILLING AND WATER TREATMENT, INC.					
Principal Place of Business 4867 GOLDEN GATE PARKWAY NAPLES, FL 33999				Mailing Address 4867 GOLDEN GATE PARKWAY NAPLES, FL 33999	
2. Principal Place of Business 3630 Shaw Blvd.		3. Mailing Address 3630 Shaw Blvd.			
Suite, Apt. #, etc. Unit 7		Suite, Apt. #, etc. Unit 7			
City & State Naples, FL		City & State Naples, FL			
Zip 34117		Zip 34117			
Country Collier		Country Collier		0112006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-2632717				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOUIS D. D'AGOSTINO 821 FIFTH AVE NORTH STE. 201 NAPLES, FL 34102				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)					
FILE NOW!! FEE IS \$180.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARKEY, CHARLENE 4867 GOLDEN GATE PKWY. NAPLES, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MARKEY, R. J. 4867 GOLDEN GATE PKWY. NAPLES, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	☐ Delete			
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  1/11/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		