## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 28, 2005 08:00 AN Secretary of State

1. Entity Name	ORILLING, INC.  of Business Mailing Address 12ND AVE. PO BOX 92445		Secretary of Stat
D	O NOT WRITE IN THIS	S SPACE	04252005 No Chg-P CR2E034 (10/03)  4. FEI Number
6. Name and Address of Current Registered Agent  ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., STE. 125 CORAL GABLES, FL. 33146  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  Signature, typed arphined name of registered agent and file it applicable. (NOTE Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees			
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	OFFICERS AND DIRECTORS  DPS MCGLOTHLIN, DALLAS 25331 SW 142ND AVE. MIAMI, FL 33032	=	U00000337822 04/28/05-80011-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Lu-	
12. I fereby certify that the information supplied with this filing does not qualify 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 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 arrattachment with an address, with all other like empowered.  SIGNATURE:  Date  Date  Devime Profest			