


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90085 024 \*\*\*150.00

<b>DOCUMENT # P02000052862</b> 1. Entity Name <b>DRIGGS RESOURCE GROUP, INC.</b>					
Principal Place of Business <b>2325 BUCKINGHAM RUN CT ORLANDO, FL 32828</b>			Mailing Address <b>717 E OAK STREET KISSIMMEE, FL 34744</b>		
2. Principal Place of Business <b>2715 Lake Pickett Place</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Chuluota, FL</b>		City & State		4. FEI Number <b>02-0598050</b>	
Zip <b>32766</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SWART, HARRY J CPA 717 E. OAK STREET KISSIMMEE, FL 34744</b>			7. Name and Address of New Registered Agent Name <b>Alfred W. Driggs, IV</b> Street Address (P.O. Box Number is Not Acceptable) <b>2715 Lake Pickett Place</b> City <b>Chuluota FL</b> Zip Code <b>32766</b>		
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 <u><i>Alfred W. Driggs IV</i></u> <b>ALFRED W. DRIGGS PRES./SEC.</b> <u>3/1/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DRIGGS, ALFRED W IV 2325 BUCKINGHAM RUN CT ORLANDO, FL 32828	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2715 Lake Pickett Place Chuluota, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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 an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Alfred W. Driggs IV</i></u> <b>Alfred W. Driggs IV</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>3/1/2005</u> <small>Date Daytime Phone #</small>	