

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000074395

Entity Name: DTD GEOTECHNICAL DRILLING, INC.

FILED
Feb 03, 2006
Secretary of State

Current Principal Place of Business:

8599 CLOVER CT
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8599 CLOVER CT
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 20-0083250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTT, TIMOTHY M
8599 CLOVER CT
ORLANDO, FL 32819 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: PRES () Delete
Name: BUTT, TIMOTHY M PRESIDE
Address: 8599 CLOVER CT
City-St-Zip: ORLANDO, FL 32819

Title: VP () Delete
Name: BUTT, MICHELLE B VICE PR
Address: 8599 CLOVER CT
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BUTT, TIMOTHY M
Address: 8599 CLOVER CT
City-St-Zip: ORLANDO, FL 32819

Title: VPD (X) Change () Addition
Name: BUTT, MICHELLE B
Address: 8599 CLOVER CT
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TIMOTHY M. BUTT

PD

02/03/2006

Electronic Signature of Signing Officer or Director

Date