2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 13, 2006 08:00 AM Secretary of State DOCUMENT # P03000133487 HILL WELL DRILLING, INC. . Mailing Address Principal Place of Business P.O. BOX 253 3025 AIRPORT ROAD SEBRING FL 33870 SEBRING FL 33871-0253 2. Principal Place of Business 3. Mailing/Address Suite, Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 20-0490417 Not Applicable Ζìρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SWAINE, J. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 425 SOUTH COMMERCE AVENUE SEBRING FL 33870 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 acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or prince name of registered agent and tide if applicable (NOTE Regishered Agent signature required when revisiating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS to. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE סו TITLE ☐ Change ☐ Addition Delete HILL, JADY NAME NAME STREET ADDRESS P.O. BOX 253 STREET ADDRESS CITY-SI-ZIP SEBRING FL 33871-0253 CITY-ST-ZIP 3171.5 Delete DILE ☐ Change Addition U00000431430 MALLE MAME 02/23/06-80029-005 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZW $m\iota$ D Detete [] Change ☐ Addanie MARKE NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZW CHY-ST-ZE ☐ Delete ☐ Change □ #dem NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete 🔲 Additio SIRE ☐ Chance STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY ST - ZIP JIME Delete TITLE □ Change □ Md# NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-AP CUTY-ST-78P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under oath, that I am an officer or direction 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 1° it changed, or on an attachment with an address, with all other like empowered.

FILED