2008 FOR PROFIT CORPORATION

Feb 28, 2008 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P04000019292** 1. Entity Name SANTA ROSA BORING INC. Principal Place of Business Mailing Address 6490 MEJENA TRAIL P.O. BOX 763 MILTON, FL 32570 MILTON, FL 32572 CR2E034 (11/05) 01042008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 80-0132766 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required could refusive soften. 6. Name and Address of Current Registered Agent DO NOT WRITE CONNOR, RAYMOND A 6490 MEJENA TRAIL MILTON, FL 32572 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be U00000842227 Trust Fund Contribution. Added to Fees 03/11/08-80021-024 150.00 OFFICERS AND DIRECTORS 10. TITLE CONNOR, RAYMOND A NAME STREET ADDRESS 6490 MEJENA TRAIL CITY-ST-ZIP MILTON, FL 32572 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 the empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-08

FILED