
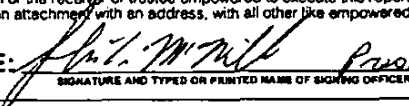


2006 FOR PROFIT CORPORATION ANNUAL REPORT

7. **FILED**
Jul 31, 2006 8:00 am
Secretary of State

07-10-2006 90030 036 ***150.00

DOCUMENT # P05000148526			
1. Entity Name BIG BOY WELL DRILLING INC.			
Principal Place of Business 3308 24 PKY SARASOTA, FL 34235		Mailing Address 3308 24 PKY SARASOTA, FL 34235	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		FEI Number 20-3578481 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCMILLEN, JOHN W 3308 24 PKY SARASOTA, FL 34235		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when remitting) Signature, typed or printed name of registered agent and title if applicable DATE			
FILE NOW!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ NAME PD STREET ADDRESS MCMILLEN, JOHN W CITY- ST- ZIP 3308 24 PKY SARASOTA, FL 34235	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME D STREET ADDRESS MCMILLEN, GERALD CITY- ST- ZIP 3315 41ST STREET EAST PALMETTO, FL 34221	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME D STREET ADDRESS PATTERSON, CHRISTOPHER CITY- ST- ZIP 3308 24 PKY SARASOTA, FL 34235	<input type="checkbox"/> Delete	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	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	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	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 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 other like empowered.			
SIGNATURE: 		Date 7/7/06 Daytime Phone # _____	