2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

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Entity Name: EAST COAST WELL DRILLING, INC.

Current Principal Place of Business:

6966 HAMMOCK TRACE DRIVE
MELBOURNE, FL 32940 US

New Principal Place of Business:

1660A BARRETT DRIVE
ROCKLEDGE, FL 32955 US

Current Mailing Address:

6966 HAMMOCK TRACE DRIVE
MELBOURNE, FL 32940 US

New Mailing Address:

P.O. BOX 561022
ROCKLEDGE, FL 32956 US

FEI Number: 20-5020674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PRIMOST, DAVID S
6966 HAMMOCK TRACE DRIVE
MELBOURNE, FL 32940 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: D,P ( ) Delete
Name: PRIMOST, DAVID S
Address: 6966 HAMMOCK TRACE DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: VP ( ) Delete
Name: BOGUS, BENJAMIN
Address: 6966 HAMMOCK TRACE DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D,VP (X) Change ( ) Addition
Name: BOGUS, BENJAMIN
Address: 1941 FABIAN CIRCLE
City-St-Zip: MELBOURNE, FL 32940 US

Title: D,T ( ) Change (X) Addition
Name: BORN, JEFFREY
Address: 1203 THREE MEADOWS DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 US

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: DAVID S. PRIMOST PRES 01/11/2007
Electronic Signature of Signing Officer or Director Date