2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2005 08:00 AM **Secretary of State** DOCUMENT # P96000024273 1. Entity Name BIG BLUE WELL DRILLING, INC. Principal Place of Business Mailing Address 2110 WOOTEN RD. 2110 WOOTEN RD. DOVER, FL 33527 **DOVER, FL 33527** No Chg-P CR2E034 (10/03) 01212005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3256771 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WYGANT, WAYNE E DO NOT WRITE 2110 WOOTEN RD. **DOVER, FL 33527** 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. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing 01/31/05-80069-005 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WYGANT, WAYNE E NAME 2110 WOOTEN RD. STREET ADDRESS CITY-ST-ZIP DOVER, FL 33527 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS

FILED