2008 FOR PROFIT CORPORATION

Feb 19, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P99000030432 1. Entity Name THRILL HILL MINING, INC. Principal Place of Business Mailing Address 34934 THRILL HILL ROAD 34934 THRILL HILL ROAD EUSTIS, FL 32736 EUSTIS, FL 32736 CR2E034 (11/05) 01152008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3574408 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE HATFIELD, MICHAEL H 545 N. UMATILLA BLVD UMATILLA, FL 32784 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE WHITLOCK, WILLIAM H NAME U00000832240 STREET ADDRESS 34934 THRILL HILL RD 02/27/08-80050-021 150.00 CITY-ST-ZIP EUSTIS, FL 32736 TITLE WHITLOCK, JENNIFER E NAME 34934 THRILL HILL RD STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32736 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED