2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2007 8:00 am DOCUMENT # \$25978 **Secretary of State** 1. Enlity Namo 01-31-2007 90050 016 ***150.00 D & N DRILLING & ENGINEERING INC. Principal Place of Business Mailing Address 1499 SW 30TH AVE 1499 SW 30TH AVE SUITE 11 SUITE 11 **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0343538 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZALESKI, DANIEL P Street Add 3010 SW 14TH PLACE **UNIT #15 BOYNTON BEACH FL 33426** City 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 Signature, typed or printed name of registered arient and title if naplicable (NOT). Registered Augus signature required when registating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PST** THLE THIE ☐ Change Addition Delete ZALESKI, DANIEL P NAMI NAMI 6579 COBIA CIRCLE STREET ADDRESS STREET LADDOLSS **BOYNTON BEACH FL 33437** CITY ST 77P CHY ST ZIP Delete 0.01 11011 Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY ST ZIP CHY ST ZIP HILE Delete Change Addition TITLE NAME NAM STREET ADDRESS STREET ADDRESS CHY ST 7IP CITY ST ZIP Change Addition TILLS ☐ Delete mu NAMI NAME STRLET ADDRESS STREET LADORESS CITY ST ZIP CITY ST 7IP ☐ Delete THUE ☐ Change Addition NAME STREET ADDRESS STREET LADORESS CHY-SI-702 CITY ST ZIP HILE ☐ Delete TOTAL ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET LADDRESS CITY-S1-7IP CITY ST ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation of 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.

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:ム

SIGNATURE AND TYPED OR PRINTED MA

FILED

1/24/07 (561) 742-2988