


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90158 043 \*\*\*158.75

**DOCUMENT # F95000004014**

1. Entity Name  
 EARTH TECH CONSULTING, INC.



Principal Place of Business  
 300 OCEANGATE  
 SUITE 700  
 LONG BEACH, CA 90802

Mailing Address  
 P O BOX 8749  
 PRINCETON, NJ 08543

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number  
 95-2661922

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**7. Name and Address of New Registered Agent**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRUSI, ALAN P 300 OCEANGATE, SUITE 700 LONG BEACH, CA 90802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Krusi, Alan P. 300 Oceangate, Suite 700 Long Beach, CA 90802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOROZE, M. BRIAN 300 OCEANGATE, SUITE 700 LONG BEACH, CA 90802 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alpert, Charles S. 300 Oceangate, Suite 700 Long Beach, CA 90802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABROMEIT, RICHARD H 300 OCEANGATE, SUITE 700 LONG BEACH, CA 90802 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Baran, Richard L. 300 Oceangate, Suite 700 Long Beach, CA 90802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSI, ALAN P 300 OCEANGATE, SUITE 700 LONG BEACH, CA 90802 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Garrett, William E. 300 Oceangate, Suite 700 Long Beach, CA 90802
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: Charles S. Alpert *Charles Alpert* 4/28/08 562-951-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

30 South Keller Road Suite 500  
Orlando, Florida 32810  
Phone: 407.660.1719 Fax: 407.660.0250

60032182  
# F95060004014

\_\_\_\_\_

**TRANSMITTAL FORM**

\_\_\_\_\_

To: Division of Corporations

Date: April 29, 2008

Contract No.:

Client:

Project Name:

**WE ARE SENDING YOU:**

BY: \_\_\_\_\_ U.S. Mail \_\_\_\_\_ UPS  Federal Express \_\_\_\_\_ Other: \_\_\_\_\_

**ENCLOSED WITH THIS TRANSMITTAL:**

**UNDER SEPARATE COVER:**

_____ Work Plan(s)	_____ Report(s)	_____ Contract Documents
_____ Specifications	_____ Design Plans	_____ Change Order No.
_____ Shop Drawings	_____ Proposal(s)	<input checked="" type="checkbox"/> Expense Reports

QUANTITY	DESCRIPTION / DOCUMENT NAME
1	For Profit Corporation Annual Report

**THESE ARE TRANSMITTED AS CHECKED BELOW:**

_____ For Approval	<input checked="" type="checkbox"/> For Your Information	_____ For Your Use
_____ For File	_____ Furnished As Requested	_____ As Corrected
_____ For Review and Comment	_____ Revise and Resubmit	_____ For Field Use
_____ Rejected	_____	_____ For Submittal To: _____

**REMARKS:**

Please advise if fees enclosed (\$158.75) for filing and certificate are incorrect. Certificate should be sent to:  
Earth Tech Consulting, Inc.  
30 South Keller Road  
Suite 100  
Orlando, Florida 32810  
Thank you,

*Dianna Brookins*

cc: File

BY: *Dianna Brookins*  
Dianna Brookins  
407.660.9865