


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N03947
 1. Entity Name
EARTH FOUNDATION INC.



Principal Place of Business 3412 CLARK RD. 113 SARASOTA, FL 34231 US	Mailing Address 3412 CLARK RD. 113 SARASOTA, FL 34231 US
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02272007 No Chg-NP CR2E037 (4/06)

4. FE# Number 59-2972760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SAMS, LAURIE B
 2815 PROCTOR RD
 SARASOTA, FL 34231**

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B. 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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD WADE, MICHAEL 448 PARK TRACE BLVD. OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, EDWARD 4110 GARY ST. W TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAY, TIMOTHY 1007 RIVER DR. RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONANNO, SHARON 448 PARK TRACE BLVD. OSPRAY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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: Michael Wade MICHAEL WADE 27 FEB '07 941 988-4319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #