

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03947

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: EARTH FOUNDATION INC.

## Current Principal Place of Business:

3412 CLARK RD.  
113  
SARASOTA, FL 34231 US

## New Principal Place of Business:

## Current Mailing Address:

3412 CLARK RD.  
113  
SARASOTA, FL 34231 US

## New Mailing Address:

FEI Number: 59-2972760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMS, LAURIE B  
2815 PROCTOR RD  
SARASOTA, FL 34231 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: EVD ( ) Delete  
Name: WADE, MICHAEL  
Address: 448 PARK TRACE BLVD.  
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete  
Name: WADE, EDWARD  
Address: 4110 GARY ST. W  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: WAY, TIMOTHY  
Address: 1007 RIVER DR.  
City-St-Zip: RUSKIN, FL 33570

Title: D ( ) Delete  
Name: BONANNO, SHARON  
Address: 448 PARK TRACE BLVD.  
City-St-Zip: OSPRAY, FL 34229

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WADE

EVD

04/10/2008

Electronic Signature of Signing Officer or Director

Date