

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000759 (1)**  
1. Corporation Name  
**EARTH DREAM ALLIANCE, INC.**



Principal Place of Business <b>601 WALDEMAR RD JUPITER FL 33417 US</b>	Mailing Address <b>P O BOX 2219 JUPITER FL 33468 US</b>
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3. Date Incorporated or Qualified <b>03/18/1993</b>
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4. FEI Number <b>65-0414276</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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21. Principal Place of Business <b>3717 EAGLE AVE</b>	22a. Mailing Address <b>3717 EAGLE AVE</b>
22. Suite, Apt. #, etc. <b>KEY WEST, FL</b>	27. Suite, Apt. #, etc. <b>Box 1007</b>
23. City & State <b>KEY WEST, FL</b>	28. City & State <b>KEY WEST, FL</b>
24. Zip <b>33040</b>	25. Country <b>USA</b>
29. Zip <b>33140</b>	30. Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>DRAKE, LINDA O 601 WALDEMAR RD JUPITER FL 33477</b>	
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10. Name and Address of New Registered Agent	
81. Name <b>SUSAN S. RAFFERTY</b>	
82. Street Address (P.O. Box Number is Not Acceptable) <b>3717 EAGLE AVE</b>	
83. City <b>KEY WEST</b>	
84. State <b>FL</b>	85. Zip Code <b>33040</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Susan S. Rafferty* DATE: **4-24-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DRAKE, LINDA O</b>	
STREET ADDRESS	<b>601 WALDEMAR RD</b>	
CITY-ST-ZIP	<b>JUPITER FL 33417</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RAFFERTY, SUSAN S</b>	
STREET ADDRESS	<b>601 WALDEMAR RD</b>	
CITY-ST-ZIP	<b>JUPITER FL 33417</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REISMAN, MARLENE</b>	
STREET ADDRESS	<b>20 5TH AVE APT G</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10011</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MONICA E. JONES</b>	
1.3 STREET ADDRESS	<b>1114 OLIVE #C</b>	
1.4 CITY-ST-ZIP	<b>SEATTLE, WA. 98122</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan S. Rafferty* DATE: **4-24-98** (305) 296-2650

CR2E037 (10/97)