

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# N93000000759

Entity Name: EARTH DREAM ALLIANCE, INC.

Current Principal Place of Business:

3717 EAGLE AVE
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 766
SOMERS, CT 06071 US

New Mailing Address:

FEI Number: 65-0414276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAFFERTY, SUSAN S.
3717 EAGLE AVE
KEY WEST, FL 33040 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: D () Delete
Name: JONES, MONICA E.
Address: 513 31ST AVENUE
City-St-Zip: SEATTLE, WA 98122

Title: D () Delete
Name: RAFFERTY, SUSAN S
Address: 601 WALDEMAR RD
City-St-Zip: JUPITER, FL 33417 US

Title: D () Delete
Name: JONES, PATRICIA
Address: 596 MAIN ST.
City-St-Zip: SOMERS, CT 06071

Title: DVP () Delete
Name: KORDAHL, TAMARA
Address: 11 TOWNHOUSE LANE 1
City-St-Zip: KETCHUM, ID 83340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: JONES, PATRICIA A
Address: 596 MAIN ST.
City-St-Zip: SOMERS, CT 06071

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA A. JONES

D

03/31/2005

Electronic Signature of Signing Officer or Director

_____ Date