## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2004 8:00 am Secretary of State

DOCUMENT # N9800004245  1. Entity Name UNITED EARTH FOUNDATION, INC.					Secretary of State 04-12-2004 90296 044 ****70.00					
Principal Place of Business Malling Address 6597 RUFF ST 6597 RUFF ST NORTH PORT, FL 34286 NORTH PORT, FL 34286										
2. Principal Place of Business 1603 Long Pond De 1603 Long Pond De .  Suite, Apt. #, etc.  3. Mailing Address 1603 Long Pond De .  Suite, Apt. #, etc.					01052004 Chg-NP · CR2E037 (10/03)					
City & State City & State					4. FEI Number 65-093536		Ap	plied For		
Zip Country Zip			Country		5. Certificate of Sta		\$8.75 Add			
33	6. Name and Address of Current Register	3594 ad Agent		<u> </u>	7. Name and Add	·	Fee Required	1		
HAZIETT			Name	Am	v Edu	sard	S			
000, 1(0), 0,					dress (P.O. Box Number is Not Acceptable)  O 3 CONS PONOL DR					
			City V	ale	100		FL Zip Code	ร์ร ฯ		
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  Signature. typed or print/gname of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
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	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campai Trust Fund Contr	gn Financing	\$	5.00 May Be		ce check payable to a Department of St			
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIRECTOR	9. Election Campai Trust Fund Contr	gn Financing ribution.	□ <b>\$</b>	5.00 May Be added to Fees	Florid	a Department of St AND DIRECTORS IN	ate 10		
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12. 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 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, Horida 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:	ams Edwa		tmy Edwards	4-7-04	813-689-2030
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #