2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N98000004245

Entity Name: UNITED EARTH FOUNDATION, INC.

Current Principal Place of Business:

1603 LONG POND DR
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

1603 LONG POND DR
VALRICO, FL 33594

New Mailing Address:

FEI Number: 65-0935369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, AMY
1603 LONG POND DR
VALRICO, FL 33594 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: P ( ) Delete
Name: SMITH, EILEEN
Address: 5935 63 AVE
City-St-Zip: PINELLAS PARK, FL 33781

Title: V ( ) Delete
Name: NUHN, DEBRA
Address: 13404 WILD CITRUS RD.
City-St-Zip: SARASOTA, FL 34240

Title: ST ( ) Delete
Name: EDWARDS, AMY
Address: 1603 LONG POND DR
City-St-Zip: VALRICO, FL 33594

Title: BDM ( ) Delete
Name: MURPHY, KARIN
Address: 6509 SPYGLASS LANE
City-St-Zip: BRADENTON, FL 34202

Title: BDM ( ) Delete
Name: HAYNES, WILLA
Address: 259 47TH ST W
City-St-Zip: BRADENTON, FL 34206

Title: BDM ( ) Delete
Name: ANDREWS, KAREN
Address: 1390 MCCRORY STREET
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SMITH, EILEEN
Address: 11010 REDWOOD AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

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:

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: AMY EDWARDS ST 01/19/2009

Electronic Signature of Signing Officer or Director — Date