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Secretary of State

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000073360

1. Entity Name
PLANT IT EARTH, INC.

Principal Place of Business	Mailing Address
2450 SOUTH STREET KISSIMMEE, FL 34744	5444 LOS PALMA VISTA DRIVE ORLANDO, FL 32837

66006219

01312005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	3514 Forest Ridge Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Kissimmee
Zip / Country	Zip 34741 / Country Osceola

4. FEI Number 20-0069446 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MELANSON, BRETT 5444 LOS PALMA VISTA DRIVE ORLANDO, FL 32837	Name Clinton Wise Street Address (P.O. Box Number is Not Acceptable) 4800 Doc Drive City St. Cloud FL Zip Code 34771

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 Brett Melanson (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 2/3/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS MELANSON, BRETT 5444 LOS PALMA VISTA DRIVE ORLANDO, FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice president Clinton Wise 4800 Doc Drive St. Cloud, Fl 34771	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAYLOCK, STEPHEN 5451 LOS PALMA VISTA DRIVE ORLANDO, FL 32837	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 607, Florida 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: (Signature and typed or printed name of signing officer or director) 2/3/05 (Date) 407 702 8204 (Daytime Phone #)