
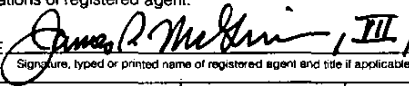



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90235 023 ***150.00

DOCUMENT # P98000103918					
1. Entity Name EARTHWISE SERVICES INC.					
Principal Place of Business 1625 MANOR RD ENGLEWOOD, FL 34223		Mailing Address 2357-3 S TAMiami TRAIL VENICE, FL 34293			
2. Principal Place of Business 2357-3 S. TAMiami TRAIL		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State VENICE, FL		City & State		4. FEI Number NOT APPLICABLE	
Zip 34293		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGUINNESS, JAMES P III 1625 MANOR RD ENGLEWOOD, FL 34223			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) (CHANGE SEE BELOW) 2357-3 S. TAMiami TRAIL City VENICE FL Zip Code 34293		
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 		PRESIDENT JAMES P. MCGUINNESS, III		DATE 4/26/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC GUINNESS, JAMES P III		NAME	SAME	
STREET ADDRESS	1625 MANOR RD		STREET ADDRESS	2357-3 S. TAMiami TRAIL	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	VENICE, FL 34293	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTSON, KAREN E		NAME	SAME	
STREET ADDRESS	5130 CENTRAL SARRSOTA PARKWAY 207		STREET ADDRESS	5361 DAVINI	
CITY-ST-ZIP	SARASOTA, FL 34238		CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		PRESIDENT JAMES P. MCGUINNESS, III		DATE 4/26/06 (941) 266-4671	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	