2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# F03000003989

Entity Name: EARCRAFT, INC.

Current Principal Place of Business:

49 TOPSHAM FAIR MALL ROAD, STE. 22
TOPSHAM, ME 04086

New Principal Place of Business:

Current Mailing Address:

49 TOPSHAM FAIR MALL ROAD, STE. 22
TOPSHAM, ME 04086

New Mailing Address:

FEI Number: 55-0824270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAYNARD, DONNA L
1715 STARGAZER TERRACE
SANFORD, FL 32771 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: MORRELL, JAMES P
Address: 49 TOPSHAM FAIR MALL ROAD, STE. 22
City-St-Zip: TOPSHAM, ME 04086

Title: PD ( ) Delete
Name: KIDD, ROBERT M
Address: 49 TOPSHAM FAIR MALL ROAD, STE. 22
City-St-Zip: TOPSHAM, ME 04086

Title: D ( ) Delete
Name: TAVENNER, JR., THOMAS W
Address: 10 POST OFFICE SQUARE, STE. 750
City-St-Zip: BOSTON, MA 02109

Title: ST ( ) Delete
Name: MAYNARD, DONNA L
Address: 49 TOPSHAM FAIR MALL ROAD, STE. 22
City-St-Zip: TOPSHAM, ME 04086

Title: D ( ) Delete
Name: GAUMNITZ, PAUL
Address: 11 STATE STREET
City-St-Zip: WOBURN, MA 01801

Title: D ( ) Delete
Name: CARLSON, JACK
Address: 24742 NORTH 117TH STREET
City-St-Zip: SCOTTSDALE, AZ 85255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA L MAYNARD ST 01/10/2005

Electronic Signature of Signing Officer or Director — Date