

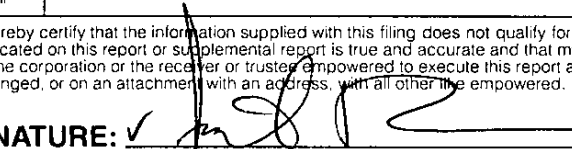


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90106 015 ***150.00

DOCUMENT # F06000005551					
1. Entity Name EARTHWORKS ENVIRONMENTAL, INC.					
Principal Place of Business SUITE 258 2451 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759			Mailing Address SUITE 258 2451 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759		
2. Principal Place of Business - No P.O. Box # 699 LAKEVIEW ROAD Suite, Apt. #, etc.		3. Mailing Address 699 LAKEVIEW ROAD Suite, Apt. #, etc.			
City & State CLEARWATER, FL Zip: 33754 Country: USA		City & State CLEARWATER, FL Zip: 33756 Country: USA		02192007 Chg-P CR2E034 (12/06)	
4. FEI Number 68-0416134				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  DATE: 4.24.07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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: CPS <input type="checkbox"/> Delete NAME: BREWER, JONATHAN STREET ADDRESS: SUITE 258 2451 MCMULLEN BOOTH ROAD CITY-ST-ZIP: CLEARWATER, FL 33759			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: D <input type="checkbox"/> Delete NAME: THOMPSON, TIMMINS N STREET ADDRESS: 9334 HALVERSON WAY CITY-ST-ZIP: ROSEVILLE, CA 95661			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: D <input type="checkbox"/> Delete NAME: ROSS, MARGARET STREET ADDRESS: 8649 LOVAS TRAIL CITY-ST-ZIP: TRINITY, FL 34655			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 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 lines empowered.					
SIGNATURE: 				Date: 4.24.07 Daytime Phone #: 727-799-4940	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					