

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G13647

FILED
Jan 16, 2007
Secretary of State

Entity Name: EVERLASTING RAIN SYSTEMS, INC.

Current Principal Place of Business:

6065 NW 167TH STREET
SUITE B-9
MIAMI LAKES, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

6065 NW 167TH STREET
SUITE B-9
MIAMI LAKES, FL 33015 US

New Mailing Address:

FEI Number: 59-2251456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORERA, JUAN A
16234 NW 82ND PLACE
MIAMI LAKES, FL 33016 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: PD () Delete
Name: MORERA, JUAN ALBERTO
Address: 16234 NW 82ND PLACE
City-St-Zip: HIALEAH, FL 33016

Title: V () Delete
Name: MORERA, JUSTO
Address: 265 WEST 62 STREET
City-St-Zip: HIALEAH, FL 33012

Title: ST () Delete
Name: MORERA, ROSENDA
Address: 16234 NW 82ND PLACE
City-St-Zip: HIALEAH, FL 33016

Title: () Delete
Name:
Address:
City-St-Zip:

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: V () Change (X) Addition
Name: MORERA, JONATHAN
Address: 16234 NW 82ND PLACE
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN ALBERTO MORERA

PD

01/16/2007

Electronic Signature of Signing Officer or Director

_____ Date