
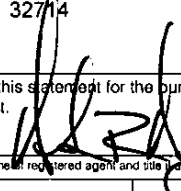
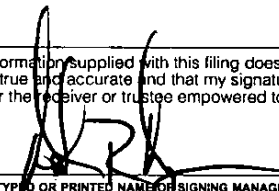


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90041 036 \*\*\*143.75

<b>DOCUMENT # L07000007676</b> 1. Entity Name EARTH'S IQ, LLC			
Principal Place of Business 1000 DOUGLAS AVE #185 ALTAMONTE SPRINGS, FL 32714 US		Mailing Address PO BOX 2703 ORLANDO, FL 32802 US	
2. Principal Place of Business - No P.O. Box # <b>3819 LAKE SARAH DR</b>		3. Mailing Address <b>P.O. BOX 2703</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>	
Zip <b>32804</b>		Zip <b>32802</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-8283124</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  AVERY, ANTHONY 1000 DOUGLAS AVE #185 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent  Name <b>AVERY, ANTHONY</b> Street Address (P.O. Box Number is Not Acceptable) <b>3819 LAKE SARAH DR.</b> City <b>ORLANDO</b> FL Zip Code <b>32804</b>	
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 <b>APRIL 28, 2008</b>	
(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AVERY, ANTHONY PO BOX 2703 ORLANDO, FL 32802	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE <b>APRIL 28, 2008</b>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <b>407-468-1064</b>	