2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000647

Name:

Address:

City-St-Zip:

828 NW 21ST AVE

GAINESVILLE, FL 32609

Apr 21, 2009 Secretary of State

Entity Name: EARTH BOUND, INC. **Current Principal Place of Business: New Principal Place of Business:** 828 NW 21ST AVE GAINESVILLE, FL 32609 **Current Mailing Address: New Mailing Address:** 828 NW 21ST AVE GAINESVILLE, FL 32609 FEI Number: 59-3439444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILKINS, LAURIE 828 NW 21ST AVE GAINESVILLE, FL 32609 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WILKINS, LAURIE Name: Name: Address: 828 NW 21ST AVE Address: City-St-Zip: GAINESVILLE, FL 32609 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NIMS, BRENDA Name: Address: 5829 LOVERS LANE Address: City-St-Zip: SHREVEPORT, LA 70117 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, PHIL Name: Name: 21 ELLICOTT AVENUE Address: Address: City-St-Zip: BATAVIA, NY 14020 City-St-Zip: Title: DHC () Delete Title: () Change () Addition TOWNSEND, WENDY

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LAURIE WILKINS MS 04/21/2009