


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90185 046 ****70.00

DOCUMENT # N01000002411	
1. Entity Name SUSTAINABLE MARTIN ALLIANCE, INC.	

Principal Place of Business POST OFFICE BOX 963 STUART FL 34995-0963	Mailing Address POST OFFICE BOX 963 STUART FL 34995-0963
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2. Principal Place of Business Same as Above	3. Mailing Address Same as Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E037 (11/03)

4. FEI Number 65-1041134	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RANIERI, STACY W. 2062 SW RACQUET CLUB DRIVE PALM CITY FL 34990

7. Name and Address of New Registered Agent Name: SHARON LIPPISCH Street Address (P.O. Box Number is Not Acceptable): 312 S.E. Egret Place Stuart City: Stuart FL Zip Code: 34996
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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 <u>Sharon M. Lippisch</u> / SHARON M. LIPPISCH	DATE 4/26/04

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME LIPPISCH, SHARON STREET ADDRESS 22 S SEWALLS POINT ROAD CITY-ST-ZIP STUART FL 34996	<input checked="" type="checkbox"/> Delete	TITLE NAME Jean Coberly, Secretary STREET ADDRESS 2351 S.E. Monterrey Rd CITY-ST-ZIP Stuart, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME J. DAVID GIRLINGHOUSE STREET ADDRESS 3203 NE MAPLE AVENUE CITY-ST-ZIP JENSEN BEACH FL 34957	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP NAME GOLDEN, MICHELLE STREET ADDRESS 1299 SW JASMINE TERRACE CITY-ST-ZIP PALM CITY FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DV NAME BAILEY, CAROL C STREET ADDRESS 2614 SE DIXIE HWY. CITY-ST-ZIP STUART FL 34996	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Sharon M. Lippisch</u>	DATE 4/26/04	Daytime Phone # (772) 223-6312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		