2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008076

FILED Apr 27, 2006 Secretary of State

Entity Name: EARTH SHINE INSTITUTE, INC.					
Current Principal Place of Business:			New Principal Place	of Business:	
2075 W FIF FT MYERS	RST ST STE 3 5, FL 33901	800			
Current Mailing Address:			New Mailing Address:		
2075 W FIRST ST STE 300 FT MYERS, FL 33901					
FEI Number:	32-0042299	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:					
7000 ESTÉ	MARGARET FRO BLVD, AF BEACH, FL	PT 301			
The above in the State		submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR					
	Electron	nic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P, T (HOPKINS, ERI NO 1 RUNWAY NORTH HAVEN	' ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T, C (MORGAN, MAF 7000 ESTERO FT MYERS BC	BLVD APT 301	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T,T (WHITLEY, STE 15783 SILVER FT MYERS, FL	ADO CT SW	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T,VP (KENNEDY, NAI 5853 PINE TRE SANIBEL, FL	EE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (SONNE, MARY 14400 ORANG FT MYERS, FL	E RIVER RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	т (\ Delete	Title	() Change () Addition	

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 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: STEVEN R WHITLEY VΡ 04/27/2006

GILSON, RICHARD

OVIEDO, FL 32765

115 LAKE DRIVE

Name:

Address:

City-St-Zip: