2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # N03000001383** 1. Entity Name 05-03-2004 91067 026 ****61.25 EARTH TRACES, INC. Mailing Address Principal Place of Business 1962 14THAVE 1962 14THAVE VEFOBOH FL 32960 VEFOBOH, FL 32960 2. Principal Place of Business 2044 4+1 A 3. Mailing Address 2.044 2044 Suite, Apt. #, etc. Suite, Apt. #, etc 04292004 CR2E037 (10/03) Chg-NP SUITE SUITE. ity & State BEACH Applied For City & State 4. FEI Number 7446076 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANDEVOORDE, RENE G. Street Address (P.O. Box Number is Not Acceptable) 1327 N CENTRAL AVE SEBASTIAN, FL 32958 Zip Code 3. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change Change ☐ Addition TITLE PD ☐ Delete TITI E COX, DAVID COX, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 1962 14TH AVE CITY-ST-ZIP VERO BCH, FL 32960 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE ALEXANDER, WENDY NAME NAME STREET ADDRESS 1316 15TH AVE STREET ADDRESS CITY-ST-ZIP VERO BCH, FL 32960 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE DAVIES, RUTH NAME STREET ADDRESS STREET ADDRESS 497 LLOYD ST CITY-ST-ZIP SEBASTIAN, FL 32958 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F TRIPSON, JENS NAME NAME STREET ADDRESS 2525 14TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BCH, FL 32960 ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

CICNATIDE AMONDO

DAVID L. COX, PRES.

4/28/04

(772)564-0540

FILED

May 03, 2004 8:00 am