

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000001383

FILED
Oct 08, 2007
Secretary of State

Entity Name: EARTH TRACES, INC.

Current Principal Place of Business:

2044 14TH AVE.
STE. 24
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

2044 14TH AVE.
STE. 24
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 51-0446076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VANDEVOORDE, RENE G
1327 N CENTRAL AVE
SEBASTIAN, FL 32958 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: RENE VANDEVOORDE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COX, DAVID
Address: 2044 14TH AVE., STE. 24
City-St-Zip: VERO BCH, FL 32960

Title: VD () Delete
Name: ALEXANDER, WENDY
Address: 1316 15TH AVE
City-St-Zip: VERO BCH, FL 32960

Title: SD () Delete
Name: SWANSON, BONNIE
Address: 5840 24TH STREET
City-St-Zip: VERO BEACH, FL 32966

Title: TD () Delete
Name: TRIPSON, JENS
Address: 2525 14TH ST
City-St-Zip: VERO BCH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DAVID COX

PD

10/08/2007

Electronic Signature of Signing Officer or Director

Date