


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000000347		
1. Entity Name MISSION EARTH FOUNDATION, INC.		

Principal Place of Business 7268 BLOUNTSTOWN HWY TALLAHASSEE, FL 32310	Mailing Address 7268 BLOUNTSTOWN HWY TALLAHASSEE, FL 32310
--	--

2. Principal Place of Business 1435 Piedmont Dr. E Suite, Apt. #, etc. 202-3	3. Mailing Address 1435 Piedmont Drive E. Suite, Apt. #, etc. 202-3
---	--

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32308	Zip 32308
Country	Country

04072006 Chg-NP CR2E037 (11/05)

4. FEI Number 01-0805077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANGERER, ROBERT J SR 7268 BLOUNTSTOWN HWY TALLAHASSEE, FL 32310	7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 1435 Piedmont Drive E., Suite 202-3 City Tallahassee FL Zip Code 32308
--	--

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 Robert J. Anger Sr. DATE 4/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

Filing Fee is \$61.25 Due by May 1, 2006	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
---	---	--------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ANGERER, ROBERT J SR 7268 BLOUNTSTOWN HWY TALLAHASSEE, FL 32310 <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	SD ANGERER, JANETTE C 7268 BLOUNTSTOWN HWY TALLAHASSEE, FL 32310 <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	VPD ANGERER, ROBERT J JR 7268 BLOUNTSTOWN HWY TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400072370094140 Addition 04/27/06--01027--010 **61.25
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
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 exemptions contained 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 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: Robert J. Anger Sr. DATE 4/14/06 DAYTIME PHONE # 850-5765982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
06 APR 21 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

