2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N04000003540

Entity Name: SAVE OUR VITAL EARTH, INC.

Current Principal Place of Business:

6919 PLYMOUTH SORRENTO RD.
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

6919 PLYMOUTH SORRENTO RD.
APOPKA, FL 32712

New Mailing Address:

FEI Number: 77-0640671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORO, BERNADINE J
6919 PLYMOUTH SORRENTO RD.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

MORO, BERNADINE J
6919 PLYMOUTH SORRENTO RD
APOPKA, FL 32712 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: _____ 04/23/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MORO, BERNADINE J
Address: 6919 PLYMOUTH SORRENTO RD.
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: HALSTEAD, RENEE A
Address: 105 POLO LANE
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: HOFFMAN, RACHELLE L
Address: 6919 PLYMOUTH SORRENTO RD.
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: MORO, RHONDA E
Address: 5225 ARDMORE DR.
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: BEENE, ROXANNE T
Address: 6919 PLYMOUTH SORRENTO RD.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MORO, BERNADINE J
Address: 6919 PLYMOUTH SORRENTO
City-St-Zip: APOPKA, FL 32712

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: RENEE A HALSTEAD PRES 04/23/2009
Electronic Signature of Signing Officer or Director — Date