2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

Apr 20, 2007 8:00 am Secretary of State 04-20-2007 90198 014 ****61.25 DOCUMENT # N05000009868 RESCUE EARTH, INC. 50001363 Principal Place of Business Mailing Address 1627 BRICKELL AVE STE 2805 1627 BRICKELL AVE STE 2805 MIAMI, FL 33129 MIAMI, FL 33129 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122007 Cha-NP CR2E037 (12/06) 4. FEI Number 20-3501871 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1627 BRICKELL AVE STE 2805 MIAMI, FL 33129 City Zip Code FL 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. 1 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) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete ☐ Change ☐ Addition RIVAS, JOSE NAME NAME 1627 BRICKELL AVE STE 2805 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP Q Delete TITLE ☐ Change ☐ Addition HARTMAN, TROY NAME MAME STREET ADDRESS 3695 FENELON STREET STREET ADDRESS CITY-ST-ZIP SAN DIEGO, CA 92106 CITY-ST-ZIP ☐ Delete TITLE ☐ Change 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 addred with all other like empowered.

MAME

TITLE

NAME

NAME

NAME

STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

RIVAS, RUBY

FIRPI, ANNA

MIAMI, FL 33183

MIAMI, FL 33129

HOOPER, LARRY

1207 S. WASHINTON AVE.

MARSHALL, TX 756706214

7041 SW 129TH AVE., APT 1

1627 BRICKELL AVENUE STE 2805

NAME

TITLE

NAME"

NAME

NAME

STREET ADDRESS

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INTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYP

Jose Rivas

☐ Delete

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Addition

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