

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001371

FILED
Jan 20, 2009
Secretary of State

Entity Name: EARTHFRIENDS, INC.

Current Principal Place of Business:

18320 GULF BLVD.
SUITE 507
RIVERVIEW, FL 33708

New Principal Place of Business:

Current Mailing Address:

18320 GULF BLVD SUITE 507
SUITE 507
REDINGTON SHORES, FL 33708

New Mailing Address:

FEI Number: 51-0630078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LINDSEY, MELINDA
18320 GULF BLVD SUITE 507
REDINGTON SHORES, FL 33708 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LINDSEY, MELINDA
Address: 18320 GULF BLVD SUITE 507
City-St-Zip: REDINGTON SHORES, FL 33708

Title: VP () Delete
Name: PLESSER, BRUCE A
Address: 2850 59TH ST.S # 306
City-St-Zip: GULFPORT, FL 33707

Title: SEC () Delete
Name: BRIGGS, DEANNA
Address: 13221 OPAL CT S
City-St-Zip: LARGO, FL 33773

Title: TR () Delete
Name: CARNAHAN, DENNIS W
Address: 1316 S. PASADENA AVE #307
City-St-Zip: SOUTH PASADENA, FL 33707

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: MELINDA LINDSEY

DIR

01/20/2009

Electronic Signature of Signing Officer or Director

Date