2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005
Secretary of State

DOCUMENT# N92000000339

Entity Name: EARTH ACTION RECYCLERS, INC.

Current Principal Place of Business:

523 N.W. 3RD AVE
GAINESVILLE, FL 32601

New Principal Place of Business:

523 N.W. 3RD AVE
GAINESVILLE, FL 32601 US

Current Mailing Address:

523 N.W. 3RD AVE
GAINESVILLE, FL 32601

New Mailing Address:

523 N.W. 3RD AVE
GAINESVILLE, FL 32601 US

FEI Number: 59-3163883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SELWACH, RICHARD
523 N.W. 3RD AVE
GAINESVILLE, FL 32601 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: SELWACH, RICHARD
Address: 523 N.W. 3RD AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: VD ( ) Delete
Name: LARRICK, BRUCE
Address: 523 N.W. 3RD AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: SD ( ) Delete
Name: LYALL, STEPHANIE
Address: 523 N.W. 3RD AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: T ( ) Delete
Name: EVANGELISTA, JIM
Address: 523 N.W. 3RD AVE
City-St-Zip: GAINESVILLE, FL 32601

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 for the exemption stated in Section 119.07(3)(i), 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: RICHARD SELWACH PD 03/21/2005
Electronic Signature of Signing Officer or Director — Date