

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000000759

1. Entity Name
EARTH DREAM ALLIANCE, INC.



Principal Place of Business
**3717 EAGLE AVE
KEY WEST, FL 33040 US**

Mailing Address
**P O BOX 766
SOMERS, CT 06071 US**



01292006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0414276** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAFFERTY, SUSAN S.
3717 EAGLE AVE
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000417866
02/13/06-80071-012 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JONES, MONICA E.
STREET ADDRESS	613 31ST AVENUE
CITY-ST-ZIP	SEATTLE, WA 98122
TITLE	D
NAME	RAFFERTY, SUSAN S
STREET ADDRESS	601 WALDEMAR RD
CITY-ST-ZIP	JUPITER, FL 33417
TITLE	D
NAME	JONES, PATRICIA A
STREET ADDRESS	586 MAIN ST.
CITY-ST-ZIP	SOMERS, CT 06071
TITLE	DVP
NAME	KORDAHL, TAMARA
STREET ADDRESS	11 TOWNHOUSE LANE 1
CITY-ST-ZIP	KETCHUM, ID 83340
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-06 860 394-8408

Date

Daytime Phone #