

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000759

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: EARTH DREAM ALLIANCE, INC.

## Current Principal Place of Business:

3717 EAGLE AVE  
KEY WEST, FL 33040 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 766  
SOMERS, CT 06071 US

## New Mailing Address:

FEI Number: 65-0414276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, MITCH  
6919 W. BROWARD BLVD. APT. 237  
PLANTATION, FL 33317 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: D ( ) Delete  
Name: JONES, MONICA E.  
Address: 513 31ST AVENUE  
City-St-Zip: SEATTLE, WA 98122

Title: D ( ) Delete  
Name: RAFFERTY, SUSAN S  
Address: 601 WALDEMAR RD  
City-St-Zip: JUPITER, FL 33417 US

Title: D ( ) Delete  
Name: JONES, PATRICIA A  
Address: 596 MAIN ST.  
City-St-Zip: SOMERS, CT 06071

Title: DVP ( ) Delete  
Name: KORDAHL, TAMARA  
Address: 11 TOWNHOUSE LANE 1  
City-St-Zip: KETCHUM, ID 83340

## 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: PATRICIA A. JONES

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date