2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004781

Entity Name: STEWARDSHIP AMERICA, INC.

Jul 22, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

621 N.W. 53RD STREET SUITE 240 BOCA RATON, FL 33487

New Mailing Address: Current Mailing Address:

621 N.W. 53RD STREET SUITE 240 BOCA RATON, FL 33487

FEI Number: 65-0616858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EVANS, CRIAG 1230 NW 8TH STREET BOCA RATON, FL 33486 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS: () Delete () Change () Addition EVANS, CRAIG Name: Name: 1230 NW 8TH ST Address: Address: City-St-Zip: BOCA RATON, FL City-St-Zip: Title: Title: () Delete () Change () Addition DEFOUR, ALLISON III Name: Name: Address: 200 W. COLLEGE AVE., STE 308 Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: () Change () Addition LITTLEJOHN, CHARLES Name: Name: 310 W. COLLEGE AVE. Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMSON, JR, FRANK Name: Name: 9150 NE 12TH AVE Address: Address:

City-St-Zip: OKEECHOBEE, FL 34973 City-St-Zip: Title: () Delete Title: () Change () Addition

LISKEY, TRACEY Name: Name: 4000 LOWER KLAMATH LAKE RD. Address: Address: City-St-Zip: KLAMATH FALLS, OR 97603 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

CARLTON, PATRICK CARLTON, PATRICK Name: Name: Address: PO BOX 568982 Address: PO BOX 1088 ORLANDO, FL 32856 WACHULA, FL 33873 City-St-Zip: 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: CRAIG EVANS D 07/22/2005