SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/9): \$41.25 (IF DISSOLVED, MINIMUM AROUNT DEE TO REINSTATE: \$234.25).

NONPROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION **Katherine Harris** ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 SEP 14 AH 12: 38 DOCUMENT # N98000002378 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name EARTH SHAKERS INTERNATIONAL INC. Principal Place of Business Malling Address 3886 GAFFNEY LOOP 3886 GAFFNEY LOOP TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualifed 04/24/1998 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For Not Applicable 22 27 \$8.75 Additional City & State City & State П 5. Certificate of Status Desired Fee Required 23 28 Country Zip Country Zip 6. Election Campaign Financing \$5.00 May Be \Box 29 30 Trust Fund Contribution Added to Fees 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BOLTON, EDGAR 82 Street Address (P.O. Box Number is Not Acceptable) 3886 GAFFNEY LOOP 83 TALLAHASSEE FL 32303 84 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (5/39) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE ☐ Change Addition Φ Edgar Bolton 3886 Gaffney Loop NAME 1.2 NAME 400002989334----09/17/99--01007--005 STREET ADDRESS 1.3 STREET ADDRESS Tallahassee, A. 32303 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE D 21 TITLE Lynda Botton Loop NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS Tallahassee, Fl. 32303 2.4 CITY-ST-ZIP CITY-ST-ZIP ρ. DELETE ☐ Change Addition TITLE 3.1 TITLE Shannon Ellis 2806 Kennesaw A. Tallahassee, Fl. 32303 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE [] Change Addition TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 5.1 TITLE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS B.A CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if chapter 5 on any attachment with an address, with all other like empowered.

6.1 TITLE

6.3 STREET ADDRESS

64 CRY-ST-7P

DELETE:

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TS

Change

☐ Addition