2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004245

FILED Jul 15, 2007 Secretary of State

Entity Name: UNITED EARTH FOUNDATION, INC.

	rincipal Place of Business:	New Principal Place of Business:
1603 LON	G POND DR . FL 33594	-
V/ (LI (IOO)	, 1 2 00004	
Current N	lailing Address:	New Mailing Address:
	G POND DR , FL 33594	
n accordar	: 65-0935369 FEI Number Applied For() FEI nce with s. 607.193(2)(b), F.S., the corporation did not recei d Address of Current Registered Agent:	Number Not Applicable () Certificate of Status Desired (ve the prior notice. Name and Address of New Registered Agent:
	S, AMY G POND DR , FL 33594 US	
	e named entity submits this statement for the purpos e of Florida.	se of changing its registered office or registered agent, or
SIGNATU	RE:	
	Electronic Signature of Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRE
Title:	P () Delete	Title: () Change () Addition
Address:	SMITH, EILEEN 5935 63 AVE PINELLAS PARK, FL 33781	Name: Address: City-St-Zip:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	5935 63 AVE	Address:
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	5935 63 AVE PINELLAS PARK, FL 33781 V () Delete NUHN, DEBRA 13404 WILD CITRUS RD.	Address: City-St-Zip: Title: () Change () Addition Name: Address:
Address: City-St-Zip: Title: Name: Address:	5935 63 AVE PINELLAS PARK, FL 33781 V () Delete NUHN, DEBRA 13404 WILD CITRUS RD. SARASOTA, FL 34240 ST () Delete EDWARDS, AMY 1603 LONG POND DR	Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Address:	5935 63 AVE PINELLAS PARK, FL 33781 V () Delete NUHN, DEBRA 13404 WILD CITRUS RD. SARASOTA, FL 34240 ST () Delete EDWARDS, AMY 1603 LONG POND DR VALRICO, FL 33594 BDM () Delete MURPHY, KARIN 6509 SPYGLASS LANE	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: AMY EDWARDS ST 07/15/2007