

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90093 026 ****70.00

DOCUMENT # **N98000004808**



1. Entity Name
EARTHBRIDGE INC.

Principal Place of Business
**4052 OLD COTTON DALE RD. #1503
MARIANNA FL 32448**

Mailing Address
**P.O. BOX 5786
MARIANNA FL 32447**

2. Principal Place of Business
2933 MILTON AVE
Suite, Apt. #, etc.
9-A

3. Mailing Address
SAME AS ABOVE
Suite, Apt. #, etc.

City & State
MARIANNA FL

City & State

4. FEI Number **43-1761591**

Applied For
Not Applicable

Zip
32448 Country
JACKSON

Zip Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDRESS, TERRY
3408 TWIN PONDS ROAD
MARIANNA FL 32448**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MT SUNNY MUNDY, DONNA JEAN 4052 OLD COTTONDALE RD #1503 MARIANNA FL 32448	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS-MUELLER, PAUL 279 ELLSWORTH RD PETOSKEY MI 49770	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS YEAGER, KAY 12 JACKSON ST #812-B JEFFERSON CITY MO 65101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ADAMS, HOWARD 5500 OAKLEY ST KANSAS CITY MO 64141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR COOK, RODNEY 23 BEACH RD #B-5 SALISBURY MA 01952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DEER, RUNNING 5508 SNEAD RD RICHMOND VA 23224	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SUNNY MUNDY, DONNA JEAN 2933 MILTON AVE #9-A MARIANNA FL 32448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YEAGER, KAY 12 JACKSON ST #111-B JEFFERSON CITY MO 65101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michelle Reid 205 N. PLAIN RD GREAT BARRINGTON MA 01230	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D JEN O'BRIEN 12430 NE GLISAN #5 PORTLAND OR 97230	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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: Donna Jean Sunny Mundy **DONNA JEAN SUNNY MUNDY** 850-482-4260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1-14-03 Daytime Phone #

CR2E037 (10/02)