2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000004079

Entity Name: THIRD PLANET, INC

FILED Nov 10, 2006 Secretary of State

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

5200 N. FEDERAL HWY 2612 VISTA COVE ROAD ST. AUGUSTINE, FL 32084

FORT LAUDERDALE, FL 33308

New Mailing Address: Current Mailing Address:

5200 N. FEDERAL HWY PO BOX 3822

ST. AUGUSTINE, FL 32085

FORT LAUDERDALE, FL 33308

OFFICERS AND DIRECTORS:

FEI Number: 65-0940668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., STE. 3000 MIAMI, FL 33131

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:

() Delete () Change () Addition

BENJAMIN, DAVID N Name: Name:

PO BOX 160 Address: Address: City-St-Zip: GATES MILLS, OH 44040 US City-St-Zip:

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

Name: BENJAMIN, BARRY J Name: Address: 14731 67TH TRAIL NORTH Address: City-St-Zip: WEST PALM BEACH, FL 33418 US City-St-Zip:

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

WORSOE, NIELS Name: Name: **BAADMANDSTIAEDE 43** Address: Address: City-St-Zip: COPENHAGEN, K 1407 OC City-St-Zip:

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

Name: FARMER, ROBERT Name: FARMER, ROBERT 5200 N. FEDERAL HWY SUITE 2 Address: Address: 2612 VISTA COVE ROAD City-St-Zip: FORT LAUDERDALE, FL 33308 US City-St-Zip: ST. AUGUSTINE, FL 32084 US

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

ECKHART, RAND Name: Name: 2390 KEMPS BAY Address: Address: WEST PALM BEACH, FL 33411 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 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: ROBERT FARMER MR. 11/10/2006