2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006435

FILED Sep 03, 2004 Secretary of State

Entity Name: GRASSROOTS ECOSYSTEM MANAGEMENT, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
5285F S¹ IIAMI, FL	W 45TH TERRACE . 33185			
Current Mailing Address:		New Mailing Address:		
5285F S¹ IIAMI, FL	W 45TH TERRACE . 33185			
El Number	r: FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
lame and	d Address of Current Registered Agent:	Name and Address o	of New Registered Agent:	
RAY, DA	N /ID			
5285F S	W 45TH TERRACE			
5285F S\ IIAMI, FL he above	W 45TH TERRACE	e purpose of changing its registere	d office or registered agent, or both,	
5285F S\IAMI, FL he above the Stat	W 45TH TERRACE . 33185 e named entity submits this statement for the te of Florida.	purpose of changing its registere	d office or registered agent, or both,	
5285F S\ IAMI, FL he above the Stat	W 45TH TERRACE . 33185 e named entity submits this statement for the te of Florida.		d office or registered agent, or both, Date	
5285F S' IIAMI, FL The above In the Stat	W 45TH TERRACE . 33185 e named entity submits this statement for the te of Florida. IRE:	gent		
5285F S\IAMI, FL he above the Stat	W 45TH TERRACE . 33185 e named entity submits this statement for the te of Florida. IRE: Electronic Signature of Registered Ages AND DIRECTORS: PD () Delete BRAY, DAVID PH.D 15285F SW 45TH TERRACE	gent	Date	
5285F S'IIAMI, FL he above the Stat IGNATU PFFICER tte: ame: ddress:	W 45TH TERRACE . 33185 e named entity submits this statement for the te of Florida. IRE: Electronic Signature of Registered A. IS AND DIRECTORS: PD () Delete BRAY, DAVID PH.D 15285F SW 45TH TERRACE MIAMI, FL 33185 SD () Delete FOX, JONATHON PH.D MERRILL COLLEGE, UC SANTA CRUZ	gent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

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: DAVID BRAY DR. 09/03/2004