
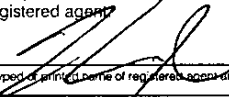
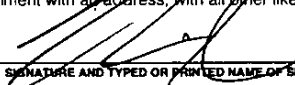


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90299 033 ***150.00

DOCUMENT # P02000026624			
1. Entity Name EARTHNET CONSULTING, INC.			
Principal Place of Business 2923 SABALWOOD CT. DELRAY BEACH, FL 33445 US		Mailing Address 2923 SABALWOOD CT. DELRAY BEACH, FL 33445 US	
2. Principal Place of Business 751 Park of Commerce Dr. Suite, Apt. #, etc. #122 City & State Boca Raton, FL Zip 33487 Country Palm Beach		3. Mailing Address 751 Park of Commerce Dr. Suite, Apt. #, etc. #122 City & State Boca Raton, FL Zip 33487 Country Palm Beach	
05022005		Chg-P CR2E034 (10/03)	
4. FEI Number 68-0492882		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS ERIC JUDGE 2923 SABALWOOD CT. DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name THOMAS ERIC JUDGE Street Address (P.O. Box Number is Not Acceptable) 751 Park of Commerce Dr. #122 City Boca Raton FL Zip Code 33487	
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: 		DATE 5-2-05	
SIGNATURE: _____		DATE: _____	
<p>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> <p>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD JUDGE, THOMAS ERIC 2923 SABALWOOD CT. DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD Judge, Thomas Eric 751 Park of Commerce Dr. #122 Boca Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDGE, DEBBIE 2923 SABALWOOD CT. DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 607, 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: 		DATE: 5-2-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 561-208-0001	

50051163

