

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90208 015 ***150.00

DOCUMENT # P02000030655

1. Entity Name
EARTHFIRE USA, INC.



Principal Place of Business
**1167 3 ST S, STE 107
NAPLES, FL 34102**

Mailing Address
**1167 3 ST S, STE 107
NAPLES, FL 34102**

40083273



04242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
2425 Tamiami Trail No

3. Mailing Address
2425 Tamiami Trail No.

Suite, Apt. #, etc.
Suite 214

Suite, Apt. #, etc.
Suite 214

City & State
Naples FL

City & State
Naples FL

4. FEI Number
04-3663518

Applied For
☐ Not Applicable

Zip
34103

Country
Collier

Zip
34103-4478

Country
Collier

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

6. Name and Address of Current Registered Agent

**DEE, KELLY R
1167 3 ST S, STE 107
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name,

Street Address (P.O. Box Number is Not Acceptable)

2425 Tamiami Trail North

Suite 214

City **Naples**

FL

Zip Code
34103

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **T** ☐ Delete
NAME **MORGAN, JAMES R**
STREET ADDRESS **1167 THIRD STREET SOUTH STE 107**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **D** ☐ Delete
NAME **MORGAN, JAMES R**
STREET ADDRESS **1167 THIRD STREET SOUTH STE 107**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **S** ☐ Delete
NAME **MORGAN, JAMES R**
STREET ADDRESS **1167 THIRD STREET SOUTH STE 107**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **P** ☐ Delete
NAME **MORGAN, JAMES R**
STREET ADDRESS **1167 THIRD STREET SOUTH STE 107**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **D** ☐ Delete
NAME **MORGAN, JAMES R**
STREET ADDRESS **1167 THIRD STREET SOUTH STE 107**
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **V** ☐ Delete
NAME **MORGAN, JAMES R**
STREET ADDRESS **1167 THIRD STREET SOUTH STE 107**
CITY-ST-ZIP **NAPLES, FL 34102**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **2425 Tamiami Trail North, Ste. 214**
STREET ADDRESS **Naples, FL 34103-4478**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **Naples, FL 34103-4478**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]

KELLY R. DEE

5/1/06

Date

239-262-6921

Daytime Phone #