## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 09, 2005 8:00 am Secretary of State **DOCUMENT # P02000064544** 05-09-2005 90282 018 \*\*\*150.00 1. Entity Name EARTHNET COMMUNICATIONS INC. Principal Place of Business Mailing Address 2923 SABALWOOD CT. 2923 SABALWOOD CT. DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 3. Mailing Address 2. Principal Place of Business 751 Park of Connerce Suite, Apt. #, etc. Suite, Apt. #, etc. 05022005 CR2E034 (10/03) Chg-P 4122 4122 City & State City & State Applied For 4. FEI Number Buca Rata Boca Roten 81-0557858 Not Applicable Country Country \$8.75 Additional Beach 5. Certificate of Status Desired Palm Beach Palm 33487 33497 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THUMAS JUDGE JUDGE, THOMAS E Street Address (P.O. Box Number is Not Acceptable) 2923 SABALWOOD CT. #126 CEMMUNICE DELRAY BEACH, FL 33445 Zip Code 33487 Boca Raton 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 ages SIGNATURE. Signature, typed or pri (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change TITLE TITLE JUDGE THIMAS JUDGE, THOMAS E NAME NAME # 122 Commerce Dr. Park f 2923 SABALWOOD CT. STREET ADDRESS 7.51 STREET ADDRESS Raton FL CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP 334E7 ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-719 Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 impowered. 5-2-05 561.208.0081 SIGNATURE: SIGNATURE AND TOPED OR BINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED