


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90085 023 ***150.00

DOCUMENT # P02000077363	
1. Entity Name PIERCED EARTH, INC.	

Principal Place of Business 4228 GULF STREAM RD. LAKE WORTH, FL 33461	Mailing Address 4228 GULF STREAM RD. LAKE WORTH, FL 33461
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2. Principal Place of Business - No P.O. Box # 965 S.W. JEREMKO AVE	3. Mailing Address 965 S.W. JEREMKO AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port St. Lucie, FL	City & State Port St Lucie, FL
Zip 34953	Zip 34953
Country U.S.A.	Country U.S.A.

40038604



03142007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent AYERS, KIMBERLY 4228 GULFSTREAM RD LAKE WORTH, FL 33461		7. Name and Address of New Registered Agent	
> 965 S.W. JEREMKO AVE PT ST LUCIE, FL 34953		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 Kimberly Ayers Kimberly Ayers (Vice President) 3-14-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AYERS, RONALD II 4228 GULF STREAM RD. LAKE WORTH, FL 33461 <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	VPT AYERS, KIMBERLY 4228 GULF STREAM RD. LAKE WORTH, FL 33461 <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
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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 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: Kimberly Ayers Kimberly Ayers (Vice Pres.) 3-14-07 (772) 873-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #