2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 06, 2006 08:00 AM Secretary of State DOCUMENT # P02000095881 1. Entity Name EARTH ACQUISITIONS INC Principal Place of Business Mailing Address 2400 84TH COURT PO BOX 651314 VERO BEACH, FL 32965-1314 US EAST BUILDING VERO BEACH, FL 32966 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1020356 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRYGERIS, EDWARD J DO NOT WRITE PO BOX 651314 VERO BEACH, FL 32965 IN THIS SPACE 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: Typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS PRES TITLE NAME KRYGERIS, EDWARD J STREET ADDRESS P.O. BOX 651314 DEPRES CAR. CITY-SY-ZIP VERO BEACH, FL 32965 年 的 最高的知识的目的。在 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 attachprent with an address, witiyall other like empowered.

SIGNATURE: 4

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ING OFFICER OR DIRECTOR

1-4-06

Date

(772) 562 BIB!

Daytime Phone #