2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124837

Entity Name: EARTHPLASMA INC

PIPER, VIBEKA

468 SILVERTON RD

BRICK, NJ 08723

Name: Address:

City-St-Zip:

FILED Jan 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10520 SW WHOOPING CRANE WAY PALM CITY, FL 34990 **Current Mailing Address: New Mailing Address:** 10520 SW WHOOPING CRANE WAY PALM CITY, FL 34990 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: A1A REGISTERED AGENT INC 92 SADBERRY RD QUINCY, FL 32351 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GONZALEZ, ANTONIO Name: Name: 10520 SW WHOOPING CRANE WAY Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: DV Title: (X) Delete () Change () Addition PIPER, JAN Name: Name: 468 SILVERTON RD Address: Address: BRICK, NJ 08723 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition DS () Delete DV GONZALEZ, LINDA Name: GONZALEZ, LINDA Name: 10520 SW WHOOPING CRANE WAY 10520 SW WHOOPING CRANE WAY Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 Title: DT (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ANTONIO GONZALEZ PRES 01/11/2005