2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118538

Entity Name: EARTHWISE ENVIRONMENTAL SERVICES, INC.

FILED Apr 15, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

PO BOX 855 10278 FERRY LAKE RD SHALIMAR, FL 32579 OIL CITY, LA 71061

Current Mailing Address: New Mailing Address:

P.O. BOX 855 SHALIMAR, FL 32579

FEI Number: 04-3824389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BREAZEALE II, B. T MONETARY MANAGEMENT SYSTEMS, INC 39 MAPLE AVE 39 MAPLE AVE

SHALIMAR, FL 32579 US SHALIMAR, FL 32579 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: B.T. BREAZEALE II 04/15/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: SIMONDS, JERRY R SIMONDS, JERRY R

Address: 9071 SARA LANE Address: 10278 FERRY LAKE RD City-St-Zip: SHREVEPORT, LA 71118 City-St-Zip: OIL CITY, LA 71061

Title: VP () Delete Title: () Change () Addition Name: FOLEY, ROBERT M Name:

 Name:
 FOLEY, ROBERT M
 Name:

 Address:
 254 ECHO CIRCLE
 Address:

 City-St-Zip:
 FORT WALTON BEACH, FL 32548
 City-St-Zip:

Title: S/T () Delete Title: () Change () Addition

 Name:
 BREAZEALE, B. T
 Name:

 Address:
 39 MAPLE AVE
 Address:

 City-St-Zip:
 SHALIMAR, FL 32579
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: B.T. BREAZEALE II S/T 04/15/2007