

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90041 027 ***150.00



DOCUMENT # P06000014045
 1. Entity Name
ROCKS OF MOTHER EARTH, INC.

Principal Place of Business
 13300 FORT KING RD
 DADE CITY FL 33525

Mailing Address
 13300 FORT KING RD
 DADE CITY FL 33525



2. Principal Place of Business - No P.O. Box #
13330 FORT KING RD
 Suite, Apt. #, etc.
DADE CITY, FL
 City & State

3. Mailing Address
13330 FORT KING RD
 Suite, Apt. #, etc.
DADE CITY, FL
 City & State

1st MOORE CR2E034 (10/06)

Zip **33525** Country **USA** Zip **33525** Country **USA**

4. FEI Number
20-3842027 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PUGM, THOMAS
 13300 FORT KING RD
 DADE CITY FL 33525

7. Name and Address of New Registered Agent
 Name **JAMES B. HENDERSON**
 Street Address (P.O. Box Number is Not Acceptable)
13330 FORT KING RD.
 City **DADE CITY FL** Zip Code **33525**

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 James B Henderson 1/29/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P HENDERSON, JAMES 13300 FORT KING RD DADE CITY FL 33525 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S HENDERSON, JEFFREY 13300 FORT KING RD DADE CITY FL 33525 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James B Henderson 1/29/07 352-567-1442
Signature and Typed or Printed Name of Signing Officer or Director Date Domestic Phone #