


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000053943 1. Entity Name RARE EARTH SCIENCES, INC.	
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Principal Place of Business 4019 E. FOWLER AVE TAMPA, FL 33617 US	Mailing Address 4019 FOWLER AVE TAMPA, FL 33617 US
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**DO NOT WRITE IN THIS SPACE**



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3256313	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STULL, R. JEFFREY  
602 S BLVD  
TAMPA, FL 33606

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ALBERGO, NICHOLAS 14103 POINT ANNE DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SCOTT, DAVID D 914 SHADED WATER WAY TAMPA, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YING, ANTHONY 8085 CENTRE LANE EAST ELMHURST, NY 14051
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHANNON, EARL RR4 BRIGHT, ONT, CANADA, n0j1bo
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000206376  
02/01/05-80022-014 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: David D. Scott VP 1/20/05 813-971-3882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #