

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # P94000053943
 1. Entity Name
 RARE EARTH SCIENCES, INC.



Principal Place of Business
 4019 E. FOWLER AVE
 TAMPA, FL 33617 US

Mailing Address
 4019 FOWLER AVE
 TAMPA, FL 33617 US

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3256313

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ALBERGO, NICHOLAS
STREET ADDRESS	14103 POINT ANNE DR
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	DV
NAME	SCOTT, DAVID D
STREET ADDRESS	914 SHADED WATER WAY
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D
NAME	YING, ANTHONY
STREET ADDRESS	8085 CENTRE LANE
CITY-ST-ZIP	EAST ELMHURST, NY 14051
TITLE	D
NAME	SHANNON, EARL
STREET ADDRESS	RR4
CITY-ST-ZIP	BRIGHT, ONT, CANADA, n0j1bo
TITLE	DS
NAME	LEWIS, RICHARD II
STREET ADDRESS	13966 BALD CYPRESS CIR
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000800492
 01/31/08-80019-017 158.75

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12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/4/08 863 9713882
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #