2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# P94000053943

Entity Name: RARE EARTH SCIENCES, INC.

Current Principal Place of Business:

4019 E. FOWLER AVE
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

4019 FOWLER AVE
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 59-3256313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ALBERGO, NICHOLAS
Address: 14103 POINT ANNE DR
City-St-Zip: ODESSA, FL 33556

Title: DV ( ) Delete
Name: SCOTT, DAVID D
Address: 914 SHADED WATER WAY
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete
Name: YING, ANTHONY
Address: 8085 CENTRE LANE
City-St-Zip: EAST ELMHURST, NY 14051

Title: D ( ) Delete
Name: SHANNON, EARL
Address: RR4
City-St-Zip: BRIGHT, ONT, CANADA, N0J1BO

Title: DS ( ) Delete
Name: LEWIS, RICHARD II
Address: 13966 BALD CYPRESS CIR
City-St-Zip: FORT MYERS, FL 33907

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: SCOTT, DAVID D
Address: 914 SHADED WATER WAY
City-St-Zip: LUTZ, FL 33549

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V ( ) Change (X) Addition
Name: BOSSERMAN, BRUCE N
Address: 3585 WALDEN POND DR.
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify 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: DAVID D. SCOTT DT 01/20/2009

Electronic Signature of Signing Officer or Director Date