2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # P97000045174** 1. Entity Name 04-05-2004 90034 045 ***150 00 PLANET EARTH PROJECT, INC. Mailing Address Principal Place of Business **4611 S UNIVERSITY DRIVE 4611 S UNIVERSITY DRIVE** SUITE 224 #224 DAVIE, FL 33328 DAVIE, FL 33328 US IIS 2. Principal Place of Business 3. Mailing Address 010 NU 2010 NW 15 Suite, Apt. #, etc. ite, Apt./#, etc. CR2E034 (10/03) 04032004 Chg-P Applied For 4. FEI Number 65-0754982 Not Applicable Country . Country \$8.75 Additional 5. Certificate of Status Desired U.S Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, LANNY ELIOT Street Address (P.O. Box Number is Not Acceptable) **4611 S UNIVERSITY DRIVE** #224 **DAVIE, FL 33314** Zio Code 33026 City/ 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE ☐ Delete ТПЕ Smith, LONNY Eliot SMITH, LANNY ELIOT NAME NAME **4611 S UNIVERSITY DRIVE** STREET ADDRESS STREET ADDRESS **DAVIE, FL 33328** CITY-ST-712 CITY-ST-7IP ☐ Defete TITLE ☐ Addition TITLE SMITH, SHARMAN BOLES NAME NAME 4611 S UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33328** CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: NO TYPED OR PRINTED NA G OFFICER OR DIRECTOR

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