
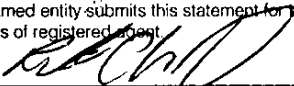
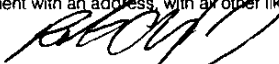


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90019 021 ***150.00

DOCUMENT # P97000049357					
1. Entity Name GEO DIRT WORKS INC.					
Principal Place of Business 656 TRANQUIL OAKS LANE OVIEDO, FL 32765			Mailing Address 656 TRANQUIL OAKS LANE OVIEDO, FL 32765		
2. Principal Place of Business - No P.O. Box # 885 N. Division St.		3. Mailing Address 885 N. Division St.		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112007 Chg-P CR2E034 (12/06)	
City & State Oviedo, FL		City & State Oviedo, FL		4. FEI Number 59-3449443	
Zip 32765		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHEELER, HELEN H 656 TRANQUIL OAKS LANE OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name: Robert C. Wheeler, Jr. Street Address (P.O. Box Number is Not Acceptable): 885 N. Division St. City: Oviedo FL Zip Code: 32765		
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:  Robert C. Wheeler Jr. President DATE: 1/17/07					
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			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE V NAME WHEELER, ROBERT C JR STREET ADDRESS 885 N DIVISION ST CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Delete		TITLE P-President NAME Robert C. Wheeler Jr. STREET ADDRESS 885 N. Division St. CITY-ST-ZIP Oviedo, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME WHEELER, GEORGE C STREET ADDRESS 765 JORDAN CT CITY-ST-ZIP OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME WHEELER, HELEN H STREET ADDRESS 656 TRANQUIL OAKS LANE CITY-ST-ZIP OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete		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"/> Delete		TITLE V/S NAME Laura L. Wheeler STREET ADDRESS 885 N. Division St. CITY-ST-ZIP Oviedo, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		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"/> Delete		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 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:  Robert C. Wheeler Jr. DATE: 1/17/07 DAYTIME PHONE #: 407-366-1029					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					