FILED May 03, 2007 8:00 am 2007 FOR PROFIT CORPORATION **ANNUAL REPORT Secretary of State DOCUMENT # P98000022913** 05-03-2007 90068 007 ***150.00 1. Entity Name EARTH-BLOCK INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 7150 S.W. 62ND AVE. 7150 S.W. 62ND AVE. SOUTH MIAMI, FL 33143 SOUTH MIAMI, FL 33143 2. Principal Place of Business - No P.O. Box # 7344 SW 48TH STREET Mailing Address 344 SW 48 M STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 05022007 CR2E034 (12/06) Cha-P 203 Applied For City & State City & State 4. FEI Number MIAMI FLORIDA FLORIDA MIAMI Not Applicable 65-1015434 \$8.75 Additional 5. Certificate of Status Desired 155 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELIAS, GEORGE JR. Street Address (P.O. Box Number is Not Acceptable) 777 BRICKELL AVE., STE, 1111 MIAMI, FL 33131 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. DPT Change Addition ☐ Delete TITLE TITLE ELIAS, ALBERT S. NAME ELIAS, ALBERT S NAME 7344 SW 48th ST#203 STREET ADDRESS 7150 S.W. 62ND AVE. STREET ADDRESS MIAMIFL 33155 SOUTH MIAMI, FL 33143 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition DS ☐ Delete TITLE TITLE ELIAS, MARC ELIAS, MARC NAME NAME 7344 SW 48TK ST #203 STREET ADDRESS 7150 SW 62ND AVENUE STREET ADDRESS MIAMI, FL 33155 CITY-ST-7IP CITY-ST-ZIP SOUTH MIAMI, FL 33143 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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 argument.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

City-St-ZiP

CITY-ST-ZIP

TITLÉ

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT S. ELIAS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

5/1/0

3056614506

☐ Change

☐ Addition

Daytime Phone 4