

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90059 008 ***150.00

DOCUMENT # P98000097204

1. Corporation Name
EARTHRISE ENERGY COMPANY

Principal Place of Business
7618 PISSARRO DR., #306
ORLANDO FL 32819

Mailing Address
7618 PISSARRO DR., #306
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1998

2. Principal Place of Business

21 P.O. Box 533447

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 533447

Suite, Apt. #, etc.

City & State

23 Orlando, FL

Zip

24 32853 25 USA

City & State

28 Orlando, FL

Zip

29 32853 30 USA

4. FEI Number

59-3545584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1186 OCEAN SHORE BLVD., STE. 195
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SANA, CATHERINE
STREET ADDRESS 7618 PISSARRO DR., #306
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/C/D/S/T ☐ Change ☒ Addition
1.2 NAME SANA, CATHERINE
1.3 STREET ADDRESS 7618 PISSARRO DR., #306
1.4 CITY-ST-ZIP ORLANDO FL 32819

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Michael Ropp, PhD
2.3 STREET ADDRESS EE Dept., Box 2220, HH 201, SDSU
2.4 CITY-ST-ZIP Brookings, SD 57007

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Dr. Rosario Gerhardt
3.3 STREET ADDRESS School of Int. Studies + Eng. Strengthen Tech
3.4 CITY-ST-ZIP Atlanta, GA 30332-0245

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Dr. Rosario Gerhardt
4.3 STREET ADDRESS 124 Infantry Way
4.4 CITY-ST-ZIP Marietta, GA 30064

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Dr. Michael Ropp
5.3 STREET ADDRESS 2309 42nd St.
5.4 CITY-ST-ZIP Brookings, SD 57006

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Catherine Sana

4/25/99

407-354-2527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0099534