2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097204

2309 42ND ST

BROOKINGS, SD 59006

GERHARDT, ROSARIO DR.

124 INFANTRY WAY

MARIETTA, GA 30064

() Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Apr 29, 2004 Secretary of State

Entity Name: EARTHRISE ENERGY COMPANY **Current Principal Place of Business: New Principal Place of Business:** 2825 CONOVER AVENUE ORLANDO, FL 32812 **Current Mailing Address: New Mailing Address:** P.O. BOX 533447 ORLANDO, FL 32853 FEI Number: 59-3545584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: IZQUIERDO, LETICIA 12926 MISSOURI WOODS COURT ORLANDO, FL 32824 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CPST () Delete Title: CPST (X) Change () Addition SANA, CATHERINE SANA, CATHERINE Name: Name: 7618 PISSARRO DR #306 2825 CONOVER AVE. Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32812 Title: Title: () Delete (X) Change () Addition Name: SANA, CATHERINE Name: SANA, CATHERINE 7618 PISSARRO DR #306 2825 CONOVER AVE Address: Address: ORLANDO, FL 32819 ORLANDO, FL 32812 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition ROPP, MICHEAL DR Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: CATHERINE SANA **PRES** 04/29/2004

() Change () Addition