2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2005 08:00 AM Secretary of State

914 840 0469

3-1405

1. Entity Nam EARTHS	DOCUMENT # V15616 1. Entity Name EARTHSCAPES, INC.			Secretary of State
Principal Place of Business				
DO NOT WRITE IN THIS SPACE				03142005 No Chg-P CR2E034 (10/03) 4. FEI Number
6. Name and Address of Current Registered Agent CLOER, JERRY A 4272 FOREST BLVD. JACKSONVILLE, FL 32246				DO NOT WRITE IN THIS SPACE
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 II applicable (NOTE Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				.00 May Be ded to Fees
10. TITLE NAME STREET ADDRESS CITY ST. ZIP	PD CLOER, JERRY A 4272 FOREST BLVD. JACKSONVILLE, FL 32216	TORS -		U00000264324 03/16/05-80011-009 150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	·			
NAME STREET ADDRESS CITY ST-ZIP				DO NOT WRITE
NAME STREET ADDRESS CITY ST-ZIP		***************************************		IN THIS SPACE
THILE NAME STREET ADDRESS CITY: ST: ZIP				
TIFLE NAME STREET ADDRESS CITY ST-ZIP				
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes 1 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: