



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90032 012 ***150.00

DOCUMENT # P99000034922					
1. Entity Name TERRA DOC PREP, INC.					
Principal Place of Business SUITE 101 6565 TAFT ST HOLLYWOOD, FL 33024			Mailing Address SUITE 101 6565 TAFT ST HOLLYWOOD, FL 33024		
2. Principal Place of Business - No P.O. Box # 1779 N. UNIVERSITY DR Suite, Apt. #, etc. 202		3. Mailing Address 1779 N. UNIVERSITY DR Suite, Apt. #, etc. 202			
City & State PEMBROKE PINES FL		City & State PEMBROKE PINES FL		4. FEI Number 65-0911563	
Zip 33024		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REEVES, B.J. 6565 TAFT ST, #102 HOLLYWOOD, FL 33024				7. Name and Address of New Registered Agent Name: B.J. REEVES Street Address (P.O. Box Number is Not Acceptable): 1779 N UNIVERSITY DR Suite 202 City: PEMBROKE PINES FL Zip Code: 33024	
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: <u>B.J. REEVES Pres</u> DATE: <u>2-8-08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11~		
TITLE PD	NAME MILLS, RALPH B III		TITLE VP + DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS APT 406 333 LAS OLAS WAY	CITY - ST - ZIP FORT LAUDERDALE, FL 33301		STREET ADDRESS	CITY - ST - ZIP	
TITLE VD	NAME ENGEL, BARBARA		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2805 MORNING GLORY LANE	CITY - ST - ZIP DAVIE, FL 33328		STREET ADDRESS	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete		TITLE B.J. REEVES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STREET ADDRESS		NAME PRESIDENT	STREET ADDRESS 1779 N. UNIVERSITY DRIVE	
CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP SUITE 202	CITY - ST - ZIP PEMBROKE PINES FL 33024	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	
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: <u>Ralph B. Mills III</u> Director <u>2-8-08</u> <u>954-647-5002</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					