


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90034 040 \*\*\*150.00

<b>DOCUMENT # F06000003186</b> 1. Entity Name SYN TERRA CORPORATION	
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Principal Place of Business 148 RIVER STREET SUITE 220 GREENVILLE, SC 29601	Mailing Address 148 RIVER STREET SUITE 220 GREENVILLE, SC 29601
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**DO NOT WRITE IN THIS SPACE**



05222008 No Chg-P CR2E034 (11/05)

4. FEI Number 57-0962660	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TAYLOR, MARK S 148 RIVER STREET, SUITE 220 GREENVILLE, SC 29601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CLEMMER, JAMES E 148 RIVER STREET, SUITE 220 GREENVILLE, SC 29601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HATCHER, LYNN 148 RIVER STREET, SUITE 220 GREENVILLE, SC 29601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ALBRIGHT, RUTH A 148 RIVER STREET, SUITE 220 GREENVILLE, SC 29601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC WEBB, KATHRYN W 148 RIVER STREET, SUITE 220 GREENVILLE, SC 29601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARRON, JOE M 148 RIVER STREET, SUITE 220 GREENVILLE, SC 29601

**DO NOT WRITE  
IN THIS SPACE**

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:** JAMES E. CLEMMER 5/22/2008 (864) 527-4603  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #