

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J28734

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: TERRACE LIVING INCORPORATED

## Current Principal Place of Business:

8602 TEMPLE TERRACE HWY.  
SUITE E-19  
TAMPA, FL 33637 US

## New Principal Place of Business:

## New Mailing Address:

P O BOX 290821  
TEMPLE TERRACE, FL 33687 US

## Current Mailing Address:

P O BOX 290821  
410 DRUID HILLS  
TEMPLE TERRACE, FL 33617 US

FEI Number: 59-2724474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STATZ, DENNIS H  
410 DRUID HILLS  
TAMPA, FL 33617 US

## Name and Address of New Registered Agent:

STATZ, DENNIS H  
410 DRUID HILLS ROAD  
TAMPA, FL 33617 US

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: \_\_\_\_\_

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: STATZ, DENNIS H.  
Address: 410 DRUID HILLS  
City-St-Zip: TEMPLE TERRACE, FL

Title: STD ( ) Delete  
Name: STATZ, ELLEN  
Address: 410 DRUID HILLS  
City-St-Zip: TEMPLE TERRACE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: STATZ, DENNIS H PRES  
Address: 410 DRUID HILLS ROAD  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: STD (X) Change ( ) Addition  
Name: STATZ, ELLEN  
Address: 410 DRUID HILLS ROAD  
City-St-Zip: TEMPLE TERRACE, FL 33617

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

SIGNATURE: DENNIS H. STATZ

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date