

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000013956

FILED
Apr 24, 2007
Secretary of State

Entity Name: TERRASPORT, INC.

Current Principal Place of Business:

1475 COLLINGSWOOD BLVD.
SUITE B
PT. CHARLOTTE, FL 33948 US

New Principal Place of Business:

2560 COMMERCE PKWY
UNIT 2
NORTH PORT, FL 34289 US

Current Mailing Address:

1475 COLLINGSWOOD BLVD.
SUITE B
PT. CHARLOTTE, FL 33948 US

New Mailing Address:

2560 COMMERCE PKWY
UNIT 2
NORTH PORT, FL 34289 US

FEI Number: 65-0989053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANDERS, SANDRA PA
203 W OAK ST
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

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:

Title: CST () Delete
Name: SHAFER-MCBRIDE, JENNIFER L
Address: 1475 COLLINGSWOOD BLVD, SUITE B
City-St-Zip: PT. CHARLOTTE, FL 33948 US

Title: DP () Delete
Name: DOHERTY, KENNETH W
Address: 1475 COLLINGSWOOD BLVD, SUITE B
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: DV () Delete
Name: MCBRIDE, SR., WILLIAM J
Address: 1475 COLLINGSWOOD BLVD, SUITE B
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: V (X) Delete
Name: WEBERT, JOHN T
Address: 1475 COLLINGSWOOD BLVD, SUITE B
City-St-Zip: PORT CHARLOTTE, FL 33948 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CST (X) Change () Addition
Name: SHAFER-MCBRIDE, JENNIFER L
Address: 2560 COMMERCE PKWY, UNIT 2
City-St-Zip: NORTH PORT, FL 34289 US

Title: DP (X) Change () Addition
Name: DOHERTY, KENNETH W
Address: 2560 COMMERCE PKWY, UNIT 2
City-St-Zip: NORTH PORT, FL 34289 US

Title: DV (X) Change () Addition
Name: MCBRIDE, SR., WILLIAM J
Address: 2560 COMMERCE PKWY, UNIT 2
City-St-Zip: NORTH PORT, FL 34289 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JENNIFER SHAFER-MCBRIDE

CST

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date