

**2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Feb 02, 2011  
Secretary of State**

DOCUMENT# P00000013956

Entity Name: TERRASPORT, INC.

**Current Principal Place of Business:**

4540 FERNWAY DR.  
NORTH PORT, FL 342882390 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 380219  
MURDOCK, FL 339380219 US

**New Mailing Address:**

FEI Number: 65-0989053      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAFER-MCBRIDE, JENNIFER L  
4540 FERNWAY DR.  
NORTH PORT, FL 342882390 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

**OFFICERS AND DIRECTORS:**

Title: CST  
Name: SHAFER-MCBRIDE, JENNIFER L  
Address: 4540 FERNWAY DRIVE  
City-St-Zip: NORTH PORT, FL 342882390 US

Title: D  
Name: DOHERTY, KENNETH W  
Address: 4540 FERNWAY DRIVE  
City-St-Zip: NORTH PORT, FL 342882390 US

Title: D  
Name: MCBRIDE, SR., WILLIAM J  
Address: 4540 FERNWAY DRIVE  
City-St-Zip: NORTH PORT, FL 342882390 US

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER SHAFER-MCBRIDE

CST

02/02/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date