2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Mar 02, 2005 08:00 AM **Secretary of State DOCUMENT # P00000089435** 1. Entity Name TERRASOFT SYSTEMS, INC. Mailing Address Principal Place of Business 3118 GULF TO BAY BLVD, STE 130 3118 GULF TO BAY BLVD, STE 130 CLEARWATER, FL 33759 CLEARWATER, FL 33759 CR2E034 (10/03) 01312005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3671722 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WADSWORTH, WILLIAM M DO NOT WRITE 3118 GULF TO BAY BLVD, STE 130 CLEARWATER, FL 33759 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WADSWORTH, WILLIAM M STREET ADDRESS 3118 GULF TO BAY BLVD, STE 130 CLEARWATER, FL 33759 CITY-ST-ZIP TITLE ฯ∸603 :50.30 WATERS, GARY NAME STREET ADDRESS 14530 NOLEN CHARLOTTE, NC 28277 CITY-ST-ZIP TITLE BAYLEY, DOUGLAS 49 GERVIS DRIVE STREET ADDRESS DO NOT WRITE TOTONTO, CA m3c1y9 CITY-ST-ZIP IN THIS SPACE TITLE MILLER, ALEX NAME 49 GERVIS DRIVE STREET ADDRESS TORONTO, CA m3c1y9 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM8

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2005

Daytime Phone #

FILED