2006 FOR PROFIT CORPORATION

FILED Apr 24, 2006 8:00 am Secretary of State ANNUAL REPORT

DOCUMENT # P00000089435 04-24-2006 90415 028 ***150.00 1. Entity Name TERRASOFT SYSTEMS, INC. Principal Place of Business Mailing Address 3118 GULF TO BAY BLVD, STE 130 3118 GULF TO BAY BLVD, STE 130 CLEARWATER, FL 33759 CLEARWATER, FL 33759 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc 04122006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3671722 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WADSWORTH, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 3118 GULF TO BAY BLVD, STE 130 CLEARWATER, FL 33759 Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE ☐ Delete TITLE ☐ Chance ■ Addition NAME WADSWORTH, WILLIAM M NAME STREET ADDRESS 3118 GULF TO BAY BLVD, STE 130 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33759 CITY-ST-ZIP CEO Delete TITL F TITLE Change Addition NAME WATERS, GARY Elizabeth Wadsworth NAME 3118 Gulf to Bay Blvd. #130 Clearwater, FL 33759 STREET ADDRESS 14530 NOLEN STREET ADDRESS CHARLOTTE, NC 28277 CITY-ST-ZIP CITY-\$1-ZIP STCO 🔀 Delete TITLE TITLE ☐ Change Addition NAME BAYLEY, DOUGLAS NAME STREET ADDRESS 49 GERVIS DRIVE STREET ADDRESS TOTONTO, CA m3c1y9 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance ☐ Addition NAME MILLER, ALEX NAME **49 GERVIS DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TORONTO, CA m3c1y9 CITY-ST-ZIP TITLE Delete FITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 abcurate 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:

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