2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 22, 2007 08:00 A 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 No Chg-P CR2E034 (11/05) 05162007 DO NOT WRITE IN THIS SPACE Applied For FEI Number 59-3671722 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WADSWORTH, WILLIAM M 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 (NOTE: Registered Agent signature required when reinstating) Sensiture, lyned or orioted name of registered agent and title it applicable In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. DITLE . U00000764626 WADSWORTH, WILLIAM M NAME STREET ADDRESS 3118 GULF TO BAY BLVD, STE 130 √~05/31/07-80003-012 150.00 CLEARWATER, FL 33759 CITY-ST-ZIP TITLE WADSWORTH, ELIZABETH NAME 3118 GULF TO BAY BLVD 130 STREET ADDRESS CLEARWATER, FL 33759 CITY-ST-7IP TIT! F NAME DO NOT WRITE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREFT ADDRESS CITY-ST-ZIP TITLE

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 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED