


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90091 035 ***150.00

DOCUMENT # P01000002575	
1. Entity Name TERPSCORE, INC.	

Principal Place of Business 2012 RIVERS RD TALLAHASSEE, FL 32305	Mailing Address 2012 RIVERS RD TALLAHASSEE, FL 32305
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50021916

2. Principal Place of Business		3. Mailing Address 2357 Cornell St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Palo Alto, CA	
Zip	Country	Zip 94306	Country USA



02232005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3693807		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRAY, SHEILA D 2012 RIVERS RD TALLAHASSEE, FL 32305		7. Name and Address of New Registered Agent Name Sharon P. Gray Street Address (P.O. Box Number is Not Acceptable) 2012 Rivers Rd. City Tallahassee FL Zip Code 32305	

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: *Sharon P. Gray* DATE: 2/28/05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD GRAY, SHEILA D 2012 RIVERS RD TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sheila D. Gray* DATE: 2/24/05 (650) 251-9857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR