2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090649

City-St-Zip:

LITHIA, FL 33547

FILED Apr 29, 2008 Secretary of State

Entity Nan	ne: TERREL	L THERAPIES, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
10017 PARK PLACE AVE. RIVERVIEW, FL 33569			6024 GANNETDALE D LITHIA, FL 33547	6024 GANNETDALE DRIVE LITHIA, FL 33547	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
6024 GANI LITHIA, FL	NETDALE DR 33547	IVE			
FEI Number:	51-0422773	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
KELLY, TERRELL P 6024 GANNETTDALE DR LITHIA, FL 33547 US			6024 GANNETTDALE I	TERRELL, SALLY J PRES. 6024 GANNETTDALE DR LITHIA, FL 33547 US	
The above in the State		submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: SALLY J. TERRELL				04/29/2008	
	Electro	nic Signature of Registered Age	nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (TERRELL, SAL 6024 GANNET LITHIA, FL 33:	DALE DR	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (TERRELL, KEI 6024 GANNET LITHIA, FL 33	DALE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T (TERRELL, THO 6024 GANNET		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SALLY J. TERRELL PRES 04/29/2008