
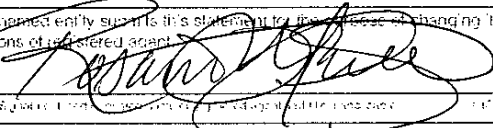
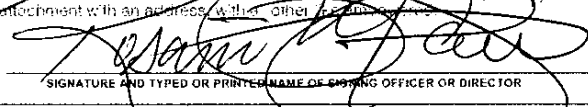


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90004 005 ***150.00

DOCUMENT # P04000039511			
1. Entity Name TIERRA VERDE BUILDERS, DESIGNERS & CONSULTANTS, INC.			
Principal Place of Business 956 20TH STREET SUITE 201 VERO BEACH, FL 32960		Mailing Address 956 20TH STREET SUITE 201 VERO BEACH, FL 32960	
2. Principal Place of Business 1910 82 AVE		3. Mailing Address 1910 82 AVE	
Suite, Apt. # etc. SUITE 106		Suite, Apt. # etc. SUITE 106	
City & State VERO BEACH, FL.		City & State VERO BEACH, FL	
Zip 32960	Country INDIAN RIVER	Zip 32960	Country INDIAN RIVER
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GALLO, ROSARIO M 956 20TH STREET SUITE 201 VERO BEACH, FL 32960		Name ROSARIO M. GALLO Street Address (P.O. Box Number's Not Acceptable) 1910 82 AVE. SUITE 106 City VERO BEACH FL Zip Code 32960	
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 qualifications of the registered agent.			
SIGNATURE: 		3/16/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	SWANSON, KAREN J 956 20TH STREET, SUITE 201 VERO BEACH, FL 32960 <i>1910 82 AVE SUITE 106 Vero Beach, Fl.</i>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	THOMA, AMY J 956 20TH STREET, SUITE 201 VERO BEACH, FL 32960 <i>1910 82 AVE SUITE 106 Vero Beach, Fl. 32960</i>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TR	GALLO, ROSARIO M 956 20TH STREET, SUITE 201 VERO BEACH, FL 32960 <i>1910 82 AVE. SUITE 106 Vero Beach, Fl. 32960</i>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information submitted with this filing 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; changed, or on an attachment with an address, with other information.			
SIGNATURE: 		3/16/06 722-299-7166	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			