2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90076 001 ***150.00 **DOCUMENT # P04000041170** 1. Entity Name TERRA-MAX ENGINEERING, INC. 40065P2n Principal Place of Business Mailing Address 1945 REED HILL DRIVE 20 N ORANGE AVE WINDERMERE, FL 34786 STE 600 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1768 Park Center Drive Suite, Apt. #, etc. 01082007 Cha-P CR2E034 (12/06) Suite 380 City & State 4. FEI Number Applied For Oclando, FL 20-0844773 Not Applicable 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 HENDRY, STONER, CALANDRINO & BROWN, PA Street Address (P.O. Box Number is Not Acceptable) 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801 Zip Code City 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 mystered agent and little 8 applicable (NOTE: Hegistered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DIP TITLE ☐ Delete TITLE Change : BARD, MONTAZ 1768 Park center Drive, Suite 380 NAME NAME BARQ, MOMTAZ STREET ADDRESS 1945 REED HILL DRIVE STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP Orlando, FL 32835 TITLE Delete TIFLE ☐ Change X Addition Robert Horton 1768 Park Center Drive, Suite 380 NAME NAME STREET ADDRESS STREET ADDRESS Orlando, FL 32835 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Addition Change STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP TITLE ☐ Delete DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete Change Addition TITLE HAME STREET ADDRESS STREET ADDRESS 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 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.

FILED

4/6/07 (407)578-2763