


2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90068 018 \*\*\*150.00

**DOCUMENT # P04000041170**

1. Entity Name  
**TERRA-MAX ENGINEERING, INC.**



Principal Place of Business  
**1768 PARK CENTER DRIVE  
 SUITE 380  
 ORLANDO, FL 32835**

Mailing Address  
**1768 PARK CENTER DRIVE  
~~SUITE 380~~  
~~ORLANDO, FL 32835~~**

40042089



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
**20 North Orange Avenue  
 Suite 600  
 Orlando, FL  
 32801**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01282008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**HENDRY, STONER, CALANDRINO & BROWN, PA  
 20 N. ORANGE AVENUE  
 SUITE 600  
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BARQ, MOMTAZ	
STREET ADDRESS	1768 PARK CENTER DRIVE SUITE 380	
CITY - ST - ZIP	ORLANDO, FL 32835	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<del>HORTON, ROBERT</del>	
STREET ADDRESS	<del>1768 PARK CENTER DRIVE SUITE 380</del>	
CITY - ST - ZIP	<del>ORLANDO, FL 32835</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Momtaz Barq 2/27/08 (407) 578-2763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #