## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000001637

Name:

Address:

City-St-Zip:

MCGILVARY, SARA A

2147 NE COACHMAN ROAD

CLEARWATER, FL 33765 US

Entity Name: TERNARY PROPERTY GROUP IN

FILED Jan 07, 2009 Secretary of State

Entity Nai	me: TERNAR	Y PROPERT`	Y GROUP, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
	COACHMAN R ATER, FL 337							
Current Mailing Address:				New Mailing Address:				
	COACHMAN R ATER, FL 337							
FEI Number: 20-2110267 FEI Number Applied For ( )			FEI Number Not Appli	FEI Number Not Applicable ( ) Certification		ate of Status Desired()		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
2147 NE C	R, AYDIN D COACHMAN R ATER, FL 337							
The above in the State	named entity of Florida.	submits this s	tatement for the p	urpose of changing it	s registered	office or registered agent	, or both,	
SIGNATU								
Election Car	Electror npaign Financin	J	of Registered Age ontribution ( ).	ent		Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	KESKINER, AY 2147 NE COAC			Title: Name: Address: City-St-Zip:	KESKINER, A 2147 NE COA	X) Change ()Addition YDIN D CHMAN ROAD R, FL 33765 US		
Title: Name: Address: City-St-Zip:	MERRIAM, LYN 2147 NE COAC			Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title:	D (	) Delete		Title:	(	) 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.

Name:

Address:

City-St-Zip:

SIGNATURE: AYDIN KESKINER PD 01/07/2009