2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 09, 2006 8:00 am Secretary of State **DOCUMENT # P05000103292** 03-09-2006 90165 039 ***150.00 1. Entity Name PRO TERRA CONSTRUCTION, INC. Principal Place of Business Mailing Address 183 miles 1 m 18 1309 SE 25TH LOOP 1309 SE 25TH LOOP SUITE 102 SUITE 102 OCALA, FL 34471 OCALA, FL 34471 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02282006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DANIELS, BERRY DEE Street Address (P.O. Box Number is Not Acceptable) 2070 SE 32ND LANE OCALA, FL 34471 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change □ Addition TITLE BROWN, JEFFREY L NAME NAME STREET ADDRESS 2662 SW BONABLE DR. STREET ADDRESS DUNNELLON, FL 33431 CITY-ST-ZIP CITY-ST-7/P ☐ Delete Change Addition TITLE NAME DANIELS, JOHN P NAME 2070 SE 32ND LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 CITY-ST-ZIP Delete ☐ Addition DANIELS, BERRY DEE NAME NAME 2070 SE 32ND LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 CITY-ST-7IP Change Delete ☐ Addition TITLE TITLE DANIELS, BERRY DEE NAME **2070 SE 32ND LANE** STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP OCALA, FL 34471 CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Berry Dee Daniels 2/28/06 352-671-110

FILED