


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 22, 2007 8:00 am**  
**Secretary of State**

06-22-2007 90002 034 \*\*\*550.00

<b>DOCUMENT # P05000111806</b>	
1. Entity Name <b>TERRA GRAPHICS, INC.</b>	

Principal Place of Business <b>5288 62ND STREET N. KENNETH CITY, FL 33709 US</b>	Mailing Address <b>5288 62ND STREET N. KENNETH CITY, FL 33709 US</b>
---	---

2. Principal Place of Business - No P.O. Box # <b>5480 Lynnlake Dr. S.</b>	3. Mailing Address <b>5480 Lynnlake Dr. S.</b>
Suite, Apt. #, etc. <b>C</b>	Suite, Apt. #, etc. <b>C</b>
City & State <b>St. Petersburg, FL</b>	City & State <b>St. Petersburg, FL</b>
Zip <b>33712</b>	Zip <b>33712</b>
Country <b>USA</b>	Country <b>USA</b>




06072007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-3330825</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>METCALF, CURTIS J 5288 62ND STREET N. KENNETH CITY, FL 33709</b>	7. Name and Address of New Registered Agent Name <b>Christal Smithyman</b> Street Address (P.O. Box Number is Not Acceptable) <b>5480-C Lynn Lake Dr. S.</b> City <b>St. Petersburg</b> FL Zip Code <b>33712</b>
--	---

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, the registered agent.


SIGNATURE:  DATE: **6/18/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P METCALF, CURTIS J 5288 62ND STREET N. KENNETH CITY, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GILCHRIST, ROBERT L 5480-C LYNN LAKE DR. S. ST. PETERSBURG, FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO SMITHYMAN, CHRISTAL K 5480-C LYNN LAKE DR. S. ST. PETERSBURG, FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **6/18/07** DAYTIME PHONE #: **727-259-4915**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR