2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111806

Entity Name: TERRA GRAPHICS, INC.

FILED Apr 30, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

5480 LYNN LAKE DR S 2230 CALEXICO WAY S

SAINT PETERSBURG, FL 33712 US SAINT PETERSBURG, FL 33712 US

Current Mailing Address: New Mailing Address:

5480 LYNN LAKE DR S 2230 CALEXICO WAY S

SAINT PETERSBURG, FL 33712 US SAINT PETERSBURG, FL 33712 US

FEI Number: 20-3330825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITHYMAN, CHRISTAL SMITHYMAN, CHRISTAL 5480-C LYNNLAKE DR S. 2230 CALEXICO WAY S

SAINT PETERSBURG, FL 33712 US SAINT PETERSBURG, FL 33712 US

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.

SIGNATURE: 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

ST. PETERSBURG, FL 33712 US

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

ST. PETERSBURG, FL 33712 US

Title: P () Delete Title: () Change () Addition

 Name:
 METCALF, CURTIS J
 Name:

 Address:
 5288 62ND STREET N.
 Address:

 City-St-Zip:
 KENNETH CITY, FL 33709 US
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition Name: GILCHRIST, ROBERT L Name: GILCHRIST, ROBERT L

 Address:
 5480-C LYNN LAKE DR. S.
 Address:
 2230 CALEXICO WAY S

 City-St-Zip:
 ST. PETERSBURG, FL 33712 US
 City-St-Zip:
 ST. PETERSBURG, FL 33712 US

Title: CFO () Delete Title: CFO (X) Change () Addition Name: SMITHYMAN, CHRISTAL K Name: SMITHYMAN, CHRISTAL K Address: 5480-C LYNN LAKE DR. S. Address: 2230 CALEXICO WAY S

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.

City-St-Zip:

SIGNATURE: CHRISTAL SMITHYMAN CFO 04/30/2009