


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**


04-11-2008 90168 001 \*\*\*300.00

<b>DOCUMENT # P06000010452</b> 1. Entity Name TERRA PRO LIBERTATE, INC.	
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Principal Place of Business 1502 S. OREGON CIRCLE TAMPA, FL 33612	Mailing Address P.O. BOX 291808 <i>271807</i> TAMPA, FL 33688
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**DO NOT WRITE IN THIS SPACE**

**66006469**



03302008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4304477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, ROBERT E  
1502 S. OREGON CIRCLE  
TAMPA, FL 33612

**DO NOT WRITE  
IN THIS SPACE**

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 *Robert E. Wallace* *3/30/2008*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WALLACE, ROBERT E 1502 S. OREGON CIRCLE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST WALLACE, ANN F 1502 S. OREGON CIRCLE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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: *Robert E. Wallace* *3/30/08* *813-933-4186*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #