## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000071791

**Entity Name: TERRAPROJECTS INC** 

PORT SAINT LUCIE, FL 34983 US

City-St-Zip:

FILED Jan 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 439 NE LEAPING FROG WAY PORT SAINT LUCIE, FL 34983 US **Current Mailing Address: New Mailing Address:** 439 NE LEAPING FROG WAY PORT SAINT LUCIE, FL 34983 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROWE, PHILIP S 439 NE LEAPING FROG WAY PORT ST LUCIE, FL 34983 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition ROWE, PHILIP S Name: Name: 439 NE LEAPING FROG WAY Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34983 US City-St-Zip: Title: () Delete Title: () Change () Addition BIDDISCOMBE, SUZANNE M Name: Name: 440 CANOE PARK CIRCLE Address: Address:

City-St-Zip:

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.

SIGNATURE: SUZANNE BIDDISCOMBE CEO 01/27/2009