2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2008 8:00 am Secretary of State 04-04-2008 90034 037 ***150 00 DOCUMENT # P06000098027 1. Entity Name TERRASOL, INC 400000-Principal Place of Business Mailing Address 4538 DANSON WAY 4538 DANSON WAY DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 87-0779035 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PHOENIX, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 4538 DANSON WAY DELRAY BEACH, FL 33445 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 (NOTE: Registered Agent signature required when reinstating) QATE Signature, typed or printed name of registered agent and tills if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Addition Delete TITLE Change TITLE PETERSON, ROBERT C NAME NAME 4538 DANSON WAY STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33445 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE PHOENIX, RICHARD J NAME NAME 4538 DANSON WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL 33445 Delete HILE ☐ Change ■ Addition TITLE ΝΛΜΕ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete THIE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

all other like empowered

changed, or on an attachment with an addr.

SIGNATURE

FILED