2006 FOR PROFIT CORPORATION

Apr 27, 2006 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P94000022664** TERRA VISTA DEVELOPMENT CORP. Principal Place of Business Mailing Address 1269 US 1 1269 US 1 ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955 US 04052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3304214 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RAHAL, NICK N 1269 US 1 ROCKLEDGE, FL 32955 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. (NOTE Registered Agent signature required when reinstaling) DATE Signature, typed or printed name of registered agent and title 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, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPT HILE RAHAL, NICK N NAME STREET ADDRESS 1384 HERITAGE ACRES BLVD, SUITE A U00000537980 ROCKLEDGE, FL 32955 CITY-ST-ZIP 05/09/06-80041-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE

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

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE

FILED