


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90027 048 \*\*\*150.00

<b>DOCUMENT # P94000080904</b>	
1. Entity Name <b>XTERRA, INC.</b>	

Principal Place of Business <b>1331 NORTH 1ST ST STE 1003 JACKSONVILLE BEACH, FL 32250 US</b>	Mailing Address <b>1331 NORTH 1ST ST STE 1003 JACKSONVILLE BEACH, FL 32250 US</b>
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2. Principal Place of Business - No P.O. Box # <b>5184 WILTON WALK DRIVE</b>	3. Mailing Address <b>5184 WILTON WALK DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>JACKSONVILLE FL</b>	City & State <b>JACKSONVILLE FL</b>
Zip <b>32224</b>	Zip <b>32224</b>
Country <b>USA</b>	Country <b>USA</b>



02122008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3277233</b>	Applied For <input type="checkbox"/> 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 <b>PARSONS, RICHARD G 1331 NORTH 1ST ST STE 1003 JACKSONVILLE BEACH, FL 32250</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5184 WILTON WALK DR</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32224</b>
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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 *Richard G. Parsons* **FEB. 12, 2008**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTDS PARSONS, RICHARD G 1331 NORTH 1ST ST #1003 JACKSONVILLE BEACH, FL 32250</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTDS PARSONS, RICHARD G 5184 WILTON WALK DR JACKSONVILLE FL 32224</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MAIN, JULIE L 285 WOOD SHOALS CT ALPHARETTA, GA 30022</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MAIN JULIE L. 280 ROCKWOOD DRIVE TUMALING SHOALS, AR 72581-1900</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard G. Parsons* **FEB 12, 2008** **904 631-8000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #