2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S10518

SITEMAN, JANINE

19 DELAPA CIRCLE

SOUTH WALPOLE, MA 02071

Name:

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

Entity Name: SOUTH TERRA CORPORATION					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
PO BOX 109 MARCO ISLAND, FL 339690109			UNIT 2203	280 SOUTH COLLIER BLVD. UNIT 2203 MARCO ISLAND, FL 341454869	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
PO BOX 109 MARCO ISLAND, FL 339690109			UNIT 2203	280 SOUTH COLLIER BLVD. UNIT 2203 MARCO ISLAND, FL 34145-486	
FEI Number:	: 65-0280041	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
CHILOS, DANAL G 983 N COLLIER BLVD MARCO ISLAND, FL 34145 US			280 SOÚTH COLLIE	DELAPA, ANTHONY F 280 SOUTH COLLIER BLVD. MARCO ISLAND, FL 34145 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: ANTHONY F. DELAPA				04/29/2009	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (DELAPA, ANTH 193 BAY COLO WESTWOOD,	DNY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (DELAPA, JOAI 193 BAY COLO WESTWOOD,	DNY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (DELAPA, JOSI 25 ROCKLAND WESTWOOD,) ST #11	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANTHNOY F. DELAPA Ρ 04/29/2009