
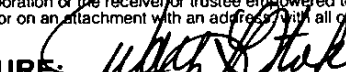


FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90013 017 ***150 00

DOCUMENT # V58902 1. Entity Name TERRACE REALTY CORPORATION				Secretary of State 02-28-2006 90013 017 ***150.00	
Principal Place of Business 5400 OCEAN BLVD SIESTA KEY, FL 34242		Mailing Address 5400 OCEAN BLVD SIESTA KEY, FL 34242			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		02092006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0353562		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GIROTTO, JOHN 5400 OCEAN BLVD #7-3 SARASOTA, FL 34242		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  DATE 2-17-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE S <input type="checkbox"/> Delete NAME LOW, ANDTHONY J STREET ADDRESS 5400 OCEAN BLVD #8-3 CITY-ST-ZIP SARASOTA, FL 34242			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE T <input type="checkbox"/> Delete NAME STOKE, JUDY L STREET ADDRESS 2827 GRAND CAYMAN ST CITY-ST-ZIP SARASOTA, FL 34231			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE P <input type="checkbox"/> Delete NAME GIROTTI, JOHN STREET ADDRESS 5400 OCEAN BLVD. #7-3 CITY-ST-ZIP SARASOTA, FL 34242			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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:  Judy L. Stoke, Treasurer 2-20-06 349- <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					