2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 10, 2007 08:00 AM **DOCUMENT # 472714 Secretary of State** TERRYTUNES, INC. Principal Place of Business Mailing Address 174 GUITAR DRIVE 174 GUITAR DRIVE SEBRING, FL 33870 SEBRING, FL 33870 US No Chg-P CR2E034 (11/05) 01082007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1584896 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent TERRY, BERNICE M DO NOT WRITE **465 PECAN GLEN** LAKE CITY, FL 32024 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE TERRY, GEORGE NAME STREET ADDRESS 174 GUITAR DRIVE U00000581067 01/10/07-80073-004 150.00 CITY-ST-ZIP SEBRING, FL 33870 TITLE TERRY, BERNICE M NAME STREET ADDRESS 465 SW PECAN GLEN CITY-ST-ZIP LAKE CITY, FL 32024 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP

IN THIS SPACE

12. If 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 employered 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

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DIRECTOR