2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # F97000006156 1. Entity Name TATÉ TERRACE REALTY INVESTORS, INC. Principal Place of Business Mailing Address 448 VIKING DR., #220 448 VIKING DR., #220 VIRGINIA BEACH, VA 23452 VIRGINIA BEACH, VA 23452 04072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-1540695 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE NAME SANDLER, STEVEN B STREET ADDRESS 221 76TH ST. CITY-ST-ZIP VIRGINIA BEACH, VA 23451, <u> 4000000119007</u> TITLE 04/19/04-90082-020 150.00 NAME BENSON, NATHAN D STREET ADDRESS 448 VIKING DR., #220 VIRGINIA BEACH, VA 23452 CITY-ST-ZIP SD TITLE NAME SANDLER, ARTHUR B STREET ADDRESS 536 REDGATE AVE. DO NOT WRITE NORFOLK, VA 23507 CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED