


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
May 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # F04000006861 1. Entity Name TERASEM MOVEMENT, INCORPORATED	
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Principal Place of Business 201 OAK STREET MELBOURNE BEACH, FL 32951	Mailing Address 201 OAK STREET MELBOURNE BEACH, FL 32951
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**DO NOT WRITE IN THIS SPACE**



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 52-2384495	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ROTHBLATT, MARTINE A 82 LANTERNBACK DR. SATELLITE BEACH, FL 32937
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**DO NOT WRITE  
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP ROTHBLATT, MARTINE A 82 LANTERNBACK ISLAND DR. SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ROTHBLATT, BINA A 82 LANTERNBACK ISLAND DR. SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROTHBLATT, GABRIEL 736 UPPER NOTCH ROAD LINCOLN, VT 05443
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1170000358699  
05/04/05-80126-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: <u>M. Rothblatt</u>	4-26-05 321-676-3680
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>