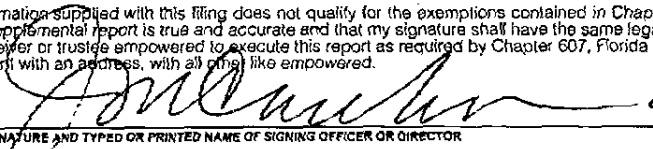


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # K16534		
1. Entity Name KANATERRA CORPORATION		
Principal Place of Business 700 E MOODY BLVD BOX 727 BUNNELL, FL 32110-0727		Mailing Address 700 E MOODY BLVD BOX 727 BUNNELL, FL 32110-0727
DO NOT WRITE IN THIS SPACE		
		 04242006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3060263		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CANAKARIS, JOHN M., M.D. 700 E. MOODY BLVD. P.O. BOX 727 BUNNELL, FL 32010		
		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 _____ Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 000000546890 05/12/06-80002-022 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CANAKARIS, JOHN M. 700 E. MOODY BLVD BUNNELL, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD CANAKARIS, GEORGIA K. 700 E. MOODY BLVD BUNNELL, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
DO NOT WRITE IN THIS SPACE		
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:  4-5-06 388 437 2481 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		