FILED Mar 25, 2005 08:00 AM Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # L51577 1. Entity Name TERA INDUSTRIES, INC.							
7634 CENTR	e of Business_ AL INDUSTRIAL DR CH, FL 33404 US	Mailing Address 7634 CENTRAL INDUSTRIAL RIVIERA BEACH, FL 33404	US	1 		******	14
,			01192005	No Chg-P	CR2E034		
D	O NOT WRITE I	N THIS SPAI	CE	4. FEI Number 59-2993			Applied For Not Applicable
					of Status Desired	□ \$8 Fe	3.75 Additional e Required
	6. Name and Address of Current Reg	iinggaa ee ee ee gaa	ekekulan t a dashir a			e er rakkeren faktor	
MALONE, STEVEN 7634 CENTRAL INDUSTRIAL DR. RIVIERA BEACH, FL 33404					NOT W HIS SP		
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							niliar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Age				gnature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution				.00 May Be ed to Fees			
10.	OFFICERS AND DIR	ECTORS	hqqwri,j iq				
TITLE NAME STREET ADDRESS CITY-ST-ZiP	DP MALONE, STEVEN 7634 CENTRAL INDUSTRIAL DR. RIVIERA BEACH, FL 33404						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SUH, EDWARD 7634 CENTRAL INDUSTRIAL DR. RIVIERA BEACH, FL 33404				03/25/06		
TITLE NAME STREET ADDRESS CITY-SY-ZIP					NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 1	HIS SF	ACE	
Title Name Street address City-St-Zip			2-4,1,2				ere in the self-through the self-self-self-self-self-self-self-self-
TITLE NAME STREET ADDRESS CITY-ST-ZIP							e e e e e e e e e e e e e e e e e e e
12. I hereby of indicated of the conchanged.	certify that the information supplied with this on this report or supplemental report is tru poration or the recover or trusted empower, or on an attachment with an appress, with	s filing does no qualify for the exe e and accurate and that my signa red to execute this report as requi all other like empowered	mption stated in Se ture shall have the red by Chapter 607	ection 119.07(3)(i same legal effect 7. Florida Statutes), Florida Statutes. I as if made under o a, and that my name	further certify ath, that I am appears in B	that the information an officer or director slock 10 or Block 11 if