2007 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 16, 2007 08:00 A Secretary of State DOCUMENT # P00000029694 TETRA CONSULTANT, INC. Principal Place of Business Mailing Address **579 AZURE AVE 579 AZURE AVE** WELLINGTON, FL 33414 WELLINGTON, FL 33414 04112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0990473 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRANKLIN, ELLIOTT DO NOT WRITE 2777 S CONGRESS AVENUE LAKE WORTH, FL 33461 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, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE NAME STAUDT, RICHARD STREET ADDRESS **579 AZURE AVE** U000000710425 CITY-ST-ZIP WELLINGTON, FL 33414 04/25/07-80043-012 150.0 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 certaindicated 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 a 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR