2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000027249

1. Entity Name
TERIA, INC.

Principal Place of Business	Mailing Address
12734 KENWOOD LANE #39	12734 KENWOOD LANE #39
FORT MYERS, FL 33907	FORT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE

01062006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1098004	Not Applicable

5. Certificate of Status Desired   ☑   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, FAYE O
12734 KENWOOD LN., #39
FORT MYERS, FL 33907

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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)   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

10.   *OFFICERS AND DIRECTORS*

TITLE	D
NAME	JONES, FAYE O
STREET ADDRESS	12734 KENWOOD LANE #39
CITY-ST-ZIP	FORT MYERS, FL 33907

TITLE	D
NAME	CARRUTHERS, C. CATHLEEN
STREET ADDRESS	12734 KENWOOD LANE #39
CITY-ST-ZIP	FORT MYERS, FL 33907

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/02/06-80120-020 158.75

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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: _____   4-18-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #