

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90005 010 ***150.00

DOCUMENT # P01000122329	
1. Entity Name TERENZIO ENTERPRISES, INC.	



Principal Place of Business 127 W. CHURCH AVENUE LONGWOOD, FL 32750 US	Mailing Address 127 W. CHURCH AVENUE LONGWOOD, FL 32750 US
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2. Principal Place of Business 1802 ALAFAYA TRAIL Suite, Apt. #, etc.	3. Mailing Address 1802 ALAFAYA TRAIL Suite, Apt. #, etc.
City & State ORLANDO FLORIDA	City & State ORLANDO FLORIDA
Zip 32826	Zip 32826
Country USA	Country USA



03072006 Chg-P CR2E034 (11/05)

4. FEI Number 30-0064626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TERENZIO, ROBERT T 127 W. CHURCH AVE LONGWOOD, FL 32750	7. Name and Address of New Registered Agent Name TERENZIO, ROBERT T Street Address (P.O. Box Number is Not Acceptable) 1802 ALAFAYA TRAIL City ORLANDO FL Zip Code 32826
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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: ROBERT TERENZIO, President DATE: 3/6/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD TERENZIO, ROBERT T 2981 W.S.R. 434, STE 100 LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1802 ALAFAYA TRAIL ORLANDO, FLORIDA 32826 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ROBERT TERENZIO, President Date: 3/6/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR