

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90106 013 \*\*\*158.75

<b>DOCUMENT # P03000150593</b>					
<b>1. Entity Name</b> TERRA MARIS, INC.					
<b>Principal Place of Business</b> 2202 INDUSTRIAL BLVD. SARASOTA, FL 34234 US			<b>Mailing Address</b> 2202 INDUSTRIAL BLVD. SARASOTA, FL 34234 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 09-0128422	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LUKE, RONALD L 8004 19TH AVENUE NW BRADENTON, FL 34209			<b>7. Name and Address of New Registered Agent</b> Name: <u>Tim Jones</u> Street Address (P.O. Box Number is Not Acceptable): <u>1110 SE 11 St</u> City: <u>Fort Lauderdale</u> FL <u>33316</u>		
<b>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.</b> SIGNATURE: <u>TIMOTHY K. JONES</u> (NOTE: Registered Agent signature required when re-registering) <u>1/13/05</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. LUKE, RONALD L PRESIDE 8004 19TH AVENUE NW BRADENTON, FL 34209 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jeff Bayley 1022 Goldeneye View Carlsbad, CA 92009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1110 SE 11 St. Tim Jones Fort Lauderdale, FL 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Operating Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brian Kuhn 1732 Siesta Drive Sarasota, FL 34239	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Manufacturing and Systems <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ronald Luke 8004 19th Ave NW Bradenton, FL 34209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Administration Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Georjan Adams 1116 Tanager Isle Fort Lauderdale, FL 33315	
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	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>Timothy K. Jones</u>			Date: <u>1/13/05</u> Daytime Phone #: <u>313 7802</u>		