2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State 04-27-2006 90214 019 ***150.00

1. Entity Name TESRY PROPERTIES, INC.									J0211	019 13	0.00
Principal Plac			Mailing /	Address							
12017 SOLO Orlando, F		US		RED OAK DR. VILLE, MI 4816 UB	7 U. 168	,		- 1111 2:6 11 86 111 66111 66 1	N SSIED IIIS		 188 0 11 1681
2. Principal P		ess	46	g Address 544 #	PED	OAK ER					
Suite, Apt.	#, etc.		Suite, i	Apt. #, etc.			04242006	Chg-P	CR2E	034 (11/05)	
City & State	е		City &	State 774014	LE	MI	4. FEI Number 59-3245			<u> </u>	plied For t Applicable
Zip		Country	Zip 🚄	18168	Coun	try US	5. Certificate o	f Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
DAVIS, WI						Name			,		
12017 SOLON DR. ORLANDO, FL 32826						Street Address (P.O. Box Number	is Not Acceptable	=)		
						City			FI	Zip Code	9
The above named entity submits this statement for the purpose of changing its registere						d office or register	ed agent, or both	, in the State of Flo		familiar with,	and accept
the obligat	tions of regist	ered agent.									
SIGNATURE_	Signature, typed	or printed name of registered	agent and title if applica	able. (NOT	E: Registere	d Agent signature required	t when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.						~ _ +-	.00 May Be ed to Fees				
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10.	р	OFFICERS	AND DIRECTORS		11.		ADDITIONS/C	CHANGES TO OFF	ICERS AN		
10. TITLE NAME	P ELAHI, YO		AND DIRECTORS	Delete	11. TITU NAM		ADDITIONS/C	CHANGES TO OFF	ICERS AN	D DIRECTORS Change	Addition
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indicated on this report or supplied with this filling does not quality 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 eath; 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: