## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000097048

Entity Name: TERINO MANAGEMENT, INC

C/O 12400 N. NEBRASKA AVE.

TAMPA, FL 33612

Address: City-St-Zip: FILED Apr 30, 2007 Secretary of State

Entity Nai	me: TERINO	MANAGEMENT, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
12400 N. NEBRASKA AVE. TAMPA, FL 33612				7823 N. HIMES AVE. TAMPA, FL 33614			
Current Mailing Address:				New Mailir	ng Addres	ss:	
12400 N. N TAMPA, F	NEBRASKA AY L 33612	Æ.		7823 N. HIN TAMPA, FL			
FEI Number:	: 59-3354212	FEI Number Applied For ( )	FEI Numi	ber Not Appli	cable ( )	Certificate of Status D	esired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
TERINO, JAMES L 12400 N. NEBRASKA AVE. TAMPA, FL 33612 US				TERINO, JAMES L 7823 N. HIMES AVE. TAMPA, FL 33614 US			
	named entity of Florida.	submits this statement for the	ne purpose of	changing it	s registere	ed office or registered ag	ent, or both,
SIGNATURE:				04/30/2007			
	Electro	nic Signature of Registered	Agent			Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	TERINO, DAVI 9350 KENTON		1	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( TERINO, JAME 301 WEST 13' TAMPA, FL 33	IST AVE.	1	Title: Name: Address: City-St-Zip:	D TERINO, J. 7823 N. HII TAMPA, FL	MES AVE.	
Title: Name:	D ( TERINO, CHRI	) Delete STOPHER		Title: Name:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JAMES L TERINO D 04/30/2007