

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000008503

FILED
Apr 16, 2004
Secretary of State

Entity Name: TERENA CORPORATION

Current Principal Place of Business:

11168 WINDSOR PLACE CIR
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

11168 WINDSOR PLACE CIR
STE 239
TAMPA, FL 33626 US

New Mailing Address:

11168 WINDSOR PLACE CIR
TAMPA, FL 33626 US

FEI Number: 59-3424441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMAN, TERRILL
11168 WINDSOR PL CIR
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOLDMAN, TERRILL
Address: 11266 W HILLSBOROUGH AVE #239
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: KANSTOROOM, DAVID
Address: 10404 DOUBLE BAYOU
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: SAWYERS, RENA
Address: 613 THOMPSON DR
City-St-Zip: COPPEL, TX 75019

Title: D () Delete
Name: WALTERS, JOEL
Address: 584 CUTTER LN
City-St-Zip: LONG BOAT KEY, FL 34228

Title: D () Delete
Name: DA COSTA, MICHAEL
Address: 1609 HILLS OF RED #201
City-St-Zip: LAS VEGAS, NV 89128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOLDMAN, TERRILL
Address: 11168 WINDSOR PLACE CIR
City-St-Zip: TAMPA, FL 33626

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: TERRILL GOLDMAN

PD

04/16/2004

Electronic Signature of Signing Officer or Director

_____ Date