## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000008503

Entity Name: TERENA CORPORATION

FILED Apr 16, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11168 WINDSOR PLACE CIR TAMPA, FL 33626 **Current Mailing Address: New Mailing Address:** 11168 WINDSOR PLACE CIR 11168 WINDSOR PLACE CIR STE 239 TAMPA, FL 33626 US 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: Name and Address of New Registered Agent: GOLDMAN, TERRILL 11168 WINDSOR PL CIR TAMPA, FL 33626 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition GOLDMAN, TERRILL GOLDMAN, TERRILL Name: Name: 11266 W HILLSBOROUGH AVE #239 11168 WINDSOR PLACE CIR Address: Address: City-St-Zip: TAMPA, FL 33635 City-St-Zip: TAMPA, FL 33626 Title: Title: () Delete () Change () Addition KANSTOROOM, DAVID Name: Name: 10404 DOUBLE BAYOU Address: Address: TAMPA, FL 33615 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition SAWYERS, RENA Name: Name: 613 THOMPSON DR Address: Address: City-St-Zip: COPPEL, TX 75019 City-St-Zip: Title: ( ) Delete Title: () Change () Addition WALTERS, JOEL Name: Name: Address: 584 CUTTER LN Address: City-St-Zip: LONG BOAT KEY, FL 34228 City-St-Zip: Title: Title: ( ) Delete () Change () Addition DA COSTA, MICHAEL Name: Name: 1609 HILLS OF RED #201 Address: Address: City-St-Zip: LAS VEGAS, NV 89128 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