2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 22, 2006 08:00 A **DOCUMENT # P98000078651** Secretary of State 1. Entity Name TERRA MERIDIAN, INC. Mailing Address Principal Place of Business 803 NW 23RD AVE 803 NW 23RD AVE GAINESVILLE, FL 32609 GAINESVILLE, FL 32609 CR2E034 (11/05) No Cha-P 02282006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3534717 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAU, TERESA BIC DO NOT WRITE 803 NE 23RD AVENUE GAINESVILLE, FL 32609 IN THIS SPACE 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. SIGNATURE. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing UD0000477035 04/06/06-80035-016 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CHAU, MICHAEL K NAME 803 NW 23RD AVE. STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32609 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the Information supplied with this filing does not qualify 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 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 507, 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/06

Daytime Phone #

FILED