FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900031271 1. Entity Name TERRA BLOCK, INC.				Apr 29, 2002 8:00 am Secretary of State 04-29-2002 90186 015 ***150.00
Principal Place of Business 2875 SOUTH ORANGE AVENUE SUITE 500-1205 ORLANDO FL 32859		Mailing Address 2875 SOUTH ORANGE AVENUE SUITE 500-1205 ORLANDO FL 32859		
2. Principal Place of Business		3. Mailing Address		T I BONINGE HE NORTH BONIN BONIN BONIN BONIN BONING HIDE HOLD HOLD HOLD HOLD HOLD HOLD HOLD HOLD
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 59-3567680 Applied For Not Applicable
Zignyan	Grade Country	Zip	Country	5. Certificate of Status Desired
200 G	2 6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
				ichaelGRoss
500 S. OSCEOLA STREET			Street Addres	ess (P.O. Box Number is Not Acceptable)
ORLAND	O FL 32801		12774	chiowoods have
•			City Or(Tin Code
9. This corporation is eligible to satisfy its Intangible (NOTE: Registered Agent signature) FILE NOW!!! FEE IS \$150. After May 1, 2002 Fee will be \$5 (See criteria on back) Make Check Payable to Department			Registered Agent signature req II FEE IS \$150.00 I2 Fee will be \$550.0 Ie to Department of 9	10. Election Campaign Financing \$5:00 May Be Trust Fund Contribution.
_ -	PSTD OFFICERS AND D	IRECTÓRS/DET CONTROL OF THE	. 12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	GROSS, MICHAEL A 2875 SOUTH ORANGE AVENUE, ORLANDO FL 32806	□ Delete SUITE 500-1205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

407-325-2738 4-17-02