


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-09-2007 90005 036 ****61.25

DOCUMENT # N43988							
1. Entity Name TEEN IN ACTION, INCORPORATED							
Principal Place of Business 9331 SOUTHERN BREEZE DR ORLANDO FL 32836			Mailing Address 9331 SOUTHERN BREEZE DR ORLANDO FL 32836				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3076058			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHACKO, VARKEY K. 9331 SOUTHERN BREEZE DR ORLANDO FL 32836			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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: <u><i>Varkey Chacko</i></u> VARKEY CHACKO, Director <u>3/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>							
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ABRAHAM, KONDOOR		NAME				
STREET ADDRESS	1750 SW 116 AVE		STREET ADDRESS				
CITY - ST - ZIP	DAVIE FL		CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CHACKO, VARKEY K.		NAME				
STREET ADDRESS	9331 SOUTHERN BREEZE DR		STREET ADDRESS				
CITY - ST - ZIP	ORLANDO FL 32836		CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	JOSEPH, JOSE K.		NAME				
STREET ADDRESS	2025 EMERALD RIDGE DR		STREET ADDRESS				
CITY - ST - ZIP	LAKELAND FL 33813		CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NINAN, SAM		NAME				
STREET ADDRESS	624 TUSCANY ST		STREET ADDRESS				
CITY - ST - ZIP	BRANDON FL 33511		CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: <u><i>Varkey Chacko</i></u>			Date: <u>3/23/07</u> 407-352-8190				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>				

ATTACHMENT
66006909
#N43988

3/23/07.

To: Division of Corporation
Tallahassee, FL.

I am sorry for the omission
and the inconvenience
caused.

Please see the form duly
signed.

Thank you.

Varkey Chacko
VARKEY CHACKO
9331 Southern Breeze
Orlando, FL 32836
407-352-8190.