


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91243 030 \*\*\*150.00

<b>DOCUMENT # P03000127590</b>	
1. Entity Name <b>TEAKA INCORPORATED</b>	

Principal Place of Business <b>213 CANAVERAL BEACH BLVD. CAPE CANAVERAL FL 32920 US</b>	Mailing Address <b>213 CANAVERAL BEACH BLVD. CAPE CANAVERAL FL 32920 US</b>
--	--



MOORE CR2E034 (11/03)

2. Principal Place of Business <b>1600 S. ORLANDO AVE.</b> Suite, Apt. #, etc.	3. Mailing Address <b>1600 S. ORLANDO AVE.</b> Suite, Apt. #, etc.
--	--

City & State <b>COCOA BEACH FL</b>	City & State <b>COCOA BEACH FL</b>	4. FEI Number <b>601-1433319</b>	Applied For Not Applicable
Zip <b>32931</b>	Country <b>US</b>	Zip <b>32931</b>	Country <b>US</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>
<b>POINTEK, CARRIE S 213 CANAVERAL BEACH BLVD. CAPE CANAVERAL FL 32920</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>CARRIE S. POINTEK (SAME)</b>
Street Address (P.O. Box Number is Not Acceptable) <b>421 S. BREVARD AVE #6</b>
City <b>COCOA BEACH FL</b>
Zip Code <b>32931</b>

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 *Carrie S. Pointek* DATE 4/30/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>POINTEK, CARRIE S</b> <b>213 CANAVERAL BEACH BLVD.</b> <b>CAPE CANAVERAL FL 32920</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KEEBLE, KENNETH</b> <b>1720 FAIRLIGHT AVE. NW</b> <b>PALM BAY FL 32907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>421 S. BREVARD AVE. #6</b> <b>COCOA BEACH, FL 32931</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carrie S. Pointek* **CARRIE S. POINTEK PRES 4/30/04 321-799-5499**