

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P18316

1. Entity Name
TELADO PTY. LIMITED INCORPORATED



50023954

Principal Place of Business
LEVEL 2
2 GROSVENOR STREET
BONDI JUNCTION, AUSTRALIA, 2022 US

Mailing Address
LEVEL 2
2 GROSVENOR STREET
BONDI JUNCTION, AUSTRALIA, 2022 US



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 177
Suite, Apt. #, etc.

03012005 Chg-P CR2E034 (10/03)

City & State
Bondi Junction, NSW

4. FEI Number
65-0063382

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country
1355 Australia

6. Name and Address of Current Registered Agent
CRAIG, HUNTER B
201 SOUTHEAST 24TH AVE
POMPANO BCH, FL 33062

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOMBES, PETER C. 15 QUEENS AVE. VAUCLUSE, AUSTRALIA. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOMBES, HELENE 15 QUEENS AVE. VAUCLUSE, AUSTRALIA. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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(9)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PETER C. COOMBES

3/2/2005

(02) 93896111