

FILED

Feb 13, 2006 08:00  
Secretary of Stat

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P18316

1. Entity Name  
TELADO PTY. LIMITED INCORPORATED



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

Mailing Address  
PO BOX 177  
BONDI JUNCTION, AUSTRALIA, 1355 US



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0063382 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CRAIG, HUNTER B  
201 SOUTHEAST 24TH AVE  
POMPANO BCH, FL 33062

DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOMBES, PETER C.
STREET ADDRESS	15 QUEENS AVE.
CITY - ST - ZIP	VAUCLUSE, AUSTRALIA,
TITLE	D
NAME	COOMBES, HELENE
STREET ADDRESS	15 QUEENS AVE.
CITY - ST - ZIP	VAUCLUSE, AUSTRALIA,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UN0000432952  
02/23/06-80090-005 150.00

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IN THIS SPACE

12. I hereby 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 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

2/13/2006 61(02) 93896111  
Date Debit Phone #