

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00
Secretary of Stat

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



01072007 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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

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

000000595219
 01/23/07-80031-001 150.00

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	

DO NOT WRITE 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: 1/12/2007 61(02) 93896111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #