# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 10, 2004**
**Secretary of State**

DOCUMENT# N01000006924

**Entity Name:** 3D T.E. A. M. FOUNDATION, INC.

**Current Principal Place of Business:**

ONE SOUTH ORANGE AVE
SUITE 304
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

ONE SOUTH ORANGE AVE
SUITE 304
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number: 31-1807746** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COMPLETE BUSINESS SOLUTIONS, INC.
1805 CANOVER ST., #2
PALM BAY, FL 32909 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: HOLLYFIELD, CHRIS
Address: 756 CORONA AVE
City-St-Zip: PALM BAY, FL 32907

Title: VP ( ) Delete
Name: THOMAS, VAUGHN
Address: 756 COCONA AVE
City-St-Zip: PALM BAY, FL 32907

Title: SD ( ) Delete
Name: HUNGER, CYNTHIA
Address: 2317 PATTY CIR NE
City-St-Zip: PALM BAY, FL 32905

Title: CD ( ) Delete
Name: HOLLYFIELD, CHRIS
Address: 756 CORNER AVE
City-St-Zip: PALM BAY, FL 32907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: HOLLYFIELD, RONALD C
Address: 1850 HARLEY PL
City-St-Zip: MERRITT ISLAND, FL 32954

Title: VP (X) Change ( ) Addition
Name: CHASE, CINDY
Address: 1850 HARLEY PL
City-St-Zip: MERRITT ISLAND, FL 32954

Title: DIR (X) Change ( ) Addition
Name: ARCHER, MICHAEL
Address: 592 HARRISON ST
City-St-Zip: PALM BAY, FL 32905

Title: DIR (X) Change ( ) Addition
Name: HOLLYFIELD, ANN
Address: 756 CORONA
City-St-Zip: PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ARCHER DIR 09/10/2004

Electronic Signature of Signing Officer or Director — Date