

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

|                                                                       |                                                                                   |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # F88993</b><br>1. Entity Name<br><b>TEAM REALTY INC.</b> |  |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                            |                                                                                                |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>% BRUCE SCOTT LAZAR<br/>8333 W. MCNABB RD<br/>TAMARAC, FL 33321-3203</b> | Mailing Address<br><b>% BRUCE SCOTT LAZAR<br/>8333 W. MCNABB RD<br/>TAMARAC, FL 33321-3203</b> |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|



04222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number<br><b>59-2208063</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
  
**LAZAR, BRUCE S.  
3333 W. MCNAB ROAD  
TAMARAC, FL 33321**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                               |                                                                                                                           |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                             |
|------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSD<br/>LAZAR, BRUCE S.<br/>8333 W. MCNAB ROAD<br/>TAMARAC, FL 33319</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |

**DO NOT WRITE  
IN THIS SPACE**

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05/10/06-80004-004 150.00

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: BRUCE LAZAR Bruce Lazar 4/24/06 954/722-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #