## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000003722

FILED Mar 20, 2009 Secretary of State

Entity Name	e: TELEMAN	IAGEMENT RESOURCES, INC	<u>).</u>		
Current Principal Place of Business:			New Principal Place	of Business:	
1024 HAGE TRINITY, FL		3			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1024 HAGEI TRINITY, FL		3			
FEI Number: 3	6-3744501	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
ELLIOTT, DA 1024 HAGEI TRINITY FL,	N DR	US	ELLIOTT, DAVID 1024 HAGEN DR TRINITY, FL 34655	US	
The above n		ubmits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: DAVID ELLIOTT				03/20/2009	
Election Camp		c Signature of Registered Ager Trust Fund Contribution ().	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: Address:	DCPT () ELLIOTT, LINDA 1024 HAGEN DF TRINITY, FL 34	₹	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address:	DCVS () ELLIOTT, DAVIE 1024 HAGEN DF TRINITY, FL 34	₹	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA ELLIOTT **DCPT** 03/20/2009