## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000003802

Entity Name: TEELBARK, INC.

Address:

City-St-Zip:

221 VINE STREET

PHILADELPHIA, PA

FILED Apr 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** C/O MICHAEL HALL CPA 21 SOUTH 12TH ST., STE 402 PHILADELPHIA, PA 19107 **Current Mailing Address: New Mailing Address:** C/O MICHAEL HALL CPA 21 SOUTH 12TH ST., STE 402 PHILADELPHIA, PA 19107 FEI Number: 23-2829474 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE, STE 500 EAST WEST PALM BEACH, FL 33401 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KEAN, LEROY Name: Name: 2004 SPRUCE ST Address: Address: City-St-Zip: PHILADELPHIA, PA 19103 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BROWN, EDWARD S Name: 2228 HILLTOP VIEW ROAD Address: Address: UNIONVILLE, PA City-St-Zip: City-St-Zip: Title: Title: SD ( ) Delete () Change () Addition EISEN, ALBERT Name: Name: 13585 VERDE DR Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: Title: ( ) Delete Title: () Change () Addition TUCKER, RICHARD Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: EDWARD S. BROWN PRES 04/22/2009