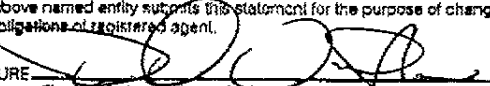


FILED

May 03, 2004 08:00 AM
Secretary of State2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F99000005247 1. Entity Name TEAM SALES LADY, INC.			
Principal Place of Business P.O. BOX 665 WINTER PARK, FL 32790		Mailing Address P.O. BOX 665 WINTER PARK, FL 32790	
DO NOT WRITE IN THIS SPACE		04282004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 63-0847503 Applied For Not Applicable	
6. Name and Address of Current Registered Agent VAN DYKE, MICHELLE 707 NICOLET AVE., STE. 101 WINTER PARK, FL 32789		DO NOT WRITE IN THIS SPACE	
8. The above named entity supports 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:  4-29-04 Signature, typed or printed name of registered agent and title (required) (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN DYKE, MICHELLE 707 NICOLET AVE., STE. 101 WINTER PARK, FL 327894630		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN DYKE, DAVID 707 NICOLET AVE., STE. 101 WINTER PARK, FL 327894630		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  4-29-04 407-466-3852 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	