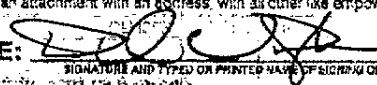


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000005247		
1. Entity Name TEAM SALESLADY, 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		
6. Name and Address of Current Registered Agent VAN DYKE, MICHELLE 707 NICOLET AVE., STE. 101 WINTER PARK, FL 32789		
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 _____ Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when ratifying) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 VAN DYKE, MICHELLE STREET ADDRESS 707 NICOLET AVE., STE. 101 CITY-ST-ZIP WINTER PARK, FL 327894630	U000000552129 05/13/06-80128-011 150.00 DO NOT WRITE IN THIS SPACE	
TITLE S NAME VAN DYKE, DAVID STREET ADDRESS 707 NICOLET AVE., STE. 101 CITY-ST-ZIP WINTER PARK, FL 327894630		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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 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 807, 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: 		4-27-06 407-466-8832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Date Paid