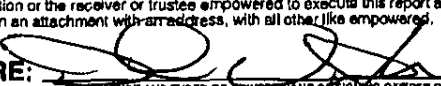


FILED

Apr 30, 2007 08:00 A
Secretary of State2007 FOR PROFIT CORPORATION
ANNUAL REPORT

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		
		04262007 No Chg-P CR2E034 (11/05)
4. FEI Number 63-0847503		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
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
6. 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 reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00.		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000741678 05/15/07-80038-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN DYKE, MICHELLE 707 NICOLET AVE., STE. 101 WINTER PARK, FL 327894630	DO NOT WRITE IN THIS SPACE
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 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 address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-26-07 407-466-3832 Date Daytime Phone #

DAVID VAN DYKE