

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J48481

FILED
Jan 04, 2006
Secretary of State

Entity Name: TEAMWORK REALTY, INC.

Current Principal Place of Business:

1805 LIVINGSTON ST.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1805 LIVINGSTON ST.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-2750776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUSSE, BARBARA L.
1805 LIVINGSTON ST.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: STUSSE, BARBARA L.,
Address: 1805 LIVINGSTON ST.
City-St-Zip: MELBOURNE, FL

Title: S () Delete
Name: BARTOLINO, DEBORAH E.,
Address: 7860 OLIVE GROVE AVE.
City-St-Zip: W. MELBOURNE, FL

Title: DT () Delete
Name: STUSSE, JAMES F.,
Address: 1805 LIVINGSTON ST
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: STUSSE, BARBARA L
Address: 1805 LIVINGSTON ST.
City-St-Zip: MELBOURNE, FL 32901 BR

Title: DS (X) Change () Addition
Name: BARTOLINO, DEBORAH E
Address: 7860 OLIVE GROVE AVE.
City-St-Zip: W. MELBOURNE, FL 32904

Title: DT (X) Change () Addition
Name: STUSSE, JAMES F
Address: 1805 LIVINGSTON ST
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES F STUSSE

DT

01/04/2006

Electronic Signature of Signing Officer or Director

Date