2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90038 042 ***150.00

DOCUMENT # K59310

1. Entity Name

THE TREE TEAM, INC.

Principal Place of Business	Mailing Address
4401 TRADEWINDS AVE #209 FORT LAUDERDALE FL 33308 US	1501 SW 5TH ST FORT LAUDERDALE FL 33312 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4401 W. Tradewinds Ave.	4401 W. Tradewinds Ave.
Suite, Apt. #, etc.: *209	Suite, Apt. #, etc.: *209
City & State: Lauderdale By The Sea FL	City & State: Lauderdale By The Sea FL
Zip: 33308 Country: USA	Zip: 33308 Country: USA

4. FEI Number: 65-0101847 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REMY, TANYA
1501 SW 5 ST.
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name: DANIEL REMY

Street Address (P.O. Box Number is Not Acceptable): 1501 SW 5 ST
FT. LAUD FL. 33312

City: FT. LAUDERDALE FL Zip Code: 33312

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.

APPROVED

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REMY, DANIEL 1501 SW 5 ST. FORT LAUDERDALE FL 33312	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO REMY, KEVIN 2800 NE 21 TERR. FT LAUDERDALE FL 33306	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like empowered.

SIGNATURE: _____ March 26, 2008 954.523.3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #