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L82822

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
07 APR -5 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L82822

1. Entity Name
TEAM MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
13860 N CLEVELAND AVE. B NORTH FORT MYERS, FL 33903 US	PO BOX 1256 FORT MYERS, FL 33901-1256

03292007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	13860 B. N. CLEVELAND
Suite, Apt. # etc	Suite, Apt. #, etc
City & State	City & State: N. Ft. Myers, FL
Zip / Country	Zip: 33903 Country: USA

4. FEI Number: 65-0204465 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SUTLIFFE, LEE F.
13860 B N CLEVELAND AVE.
NORTH FORT MYERS, FL 33903

7. Name and Address of New Registered Agent

Name: Heidi Eggli
Street Address (P.O. Box Number is Not Acceptable): 13860 N. Cleveland Avenue
City: North Fort Myers FL Zip Code: 33903

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 ______ April 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD — ☒ Delete	PD — ☐ Change ☒ Addition
NAME	ZANDLO-SUTLIFFE, CAROL	Heidi Eggli
STREET ADDRESS	13860-B N CLEVELAND AVE.	13860 N. Cleveland Avenue
CITY ST ZIP	NORTH FORT MYERS, FL 33903	North Fort Myers, FL 33903
TITLE	VPST — ☒ Delete	☐ Change ☐ Addition
NAME	SUTLIFFE, LEE F	
STREET ADDRESS	13860-B N CLEVELAND AVE.	
CITY ST ZIP	NORTH FORT MYERS, FL 33903	
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 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 an address, with all other like empowered.

SIGNATURE: ______ April 1, 2007 239-656-0910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #