

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006924

Entity Name: 3D T.E. A. M. FOUNDATION, INC.

FILED  
Sep 10, 2004  
Secretary of State

## Current Principal Place of Business:

ONE SOUTH ORANGE AVE  
SUITE 304  
ORLANDO, FL 32801

## New Principal Place of Business:

## Current Mailing Address:

ONE SOUTH ORANGE AVE  
SUITE 304  
ORLANDO, FL 32801

## New Mailing Address:

FEI Number: 31-1807746      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

COMPLETE BUSINESS SOLUTIONS, INC.  
1805 CANOVER ST., #2  
PALM BAY, FL 32909      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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOLLYFIELD, CHRIS  
Address: 756 CORONA AVE  
City-St-Zip: PALM BAY, FL 32907

Title: VP ( ) Delete  
Name: THOMAS, VAUGHN  
Address: 756 COCONA AVE  
City-St-Zip: PALM BAY, FL 32907

Title: SD ( ) Delete  
Name: HUNGER, CYNTHIA  
Address: 2317 PATTY CIR NE  
City-St-Zip: PALM BAY, FL 32905

Title: CD ( ) Delete  
Name: HOLLYFIELD, CHRIS  
Address: 756 CORNER AVE  
City-St-Zip: PALM BAY, FL 32907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HOLLYFIELD, RONALD C  
Address: 1850 HARLEY PL  
City-St-Zip: MERRITT ISLAND, FL 32954

Title: VP (X) Change ( ) Addition  
Name: CHASE, CINDY  
Address: 1850 HARLEY PL  
City-St-Zip: MERRITT ISLAND, FL 32954

Title: DIR (X) Change ( ) Addition  
Name: ARCHER, MICHAEL  
Address: 592 HARRISON ST  
City-St-Zip: PALM BAY, FL 32905

Title: DIR (X) Change ( ) Addition  
Name: HOLLYFIELD, ANN  
Address: 756 CORONA  
City-St-Zip: PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ARCHER

DIR

09/10/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date