2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008864

City-St-Zip:

ORLANDO, FL 32818

Entity Name: TEA ROSE FOUNDATION, INC.

FILED Mar 25, 2006 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
5862 PLUMTREE CT. ORLANDO, FL 32821			203	968 VINERIDGE RUN 203 ALTAMONTE SPRINGS, FL 32714	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
5862 PLUMTREE CT. ORLANDO, FL 32821			203	968 VINERIDGE RUN 203 ALTAMONTE SPRINGS, FL 32714	
FEI Number:	: 36-3201839	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
BLAND, MARNITA 5862 PLUMTREE CT. ORLANDO, FL 32821 US			203	968 VINERIDGE RUN	
	named entity e of Florida.	submits this statement for the p	urpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE: SEKENNIA L. BELL				03/25/2006	
	Electro	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D (HENRY, CYNT 9001 GREENB ORLANDO, FL	ROOK CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	THORNTON-TA 640 E. RIDGEN) Delete XYLOR, MICHELLE NOOD ST. PRINGS, FL 32701	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LYTE-JOHNSC 5695 BERWOI ORLANDO, FL	D DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MORGAN-STE 582 BRANTLE) Delete RLING, BELINDA Y TERR. WAY, #208 PRINGS, FL 32714	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	D (DICKENSON, I		Title: Name:	() Change () Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CYNTHIA HENRY DIR 03/25/2006