2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N07000011132

Entity Name: T.E.A.M. TOGETHER EVERYONE ACCOMPLISHES MORE, INC.

Current Principal Place of Business:

10020 MONTAGUE STREET
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

10020 MONTAGUE STREET
TAMPA, FL 33626

New Mailing Address:

FEI Number: 36-4622285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANSAG, SHELLENA M
10020 MONTAGUE STREET
TAMPA, FL 33626 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:	PST	( ) Delete
Name:	ANSAG, SHELLENA M	
Address:	10020 MONTAGUE STREET	
City-St-Zip:	TAMPA, FL 33626	
Title:	D/S	( ) Delete
Name:	ANSAG, CAROLE M	
Address:	3725 QUANDO CIRCLE	
City-St-Zip:	ORLANDO, FL 32812	
Title:	DIR	( ) Delete
Name:	ISALES, STAR	
Address:	3114 NAPOLEON AVE	
City-St-Zip:	TAMPA, FL 33611	
Title:	DIR	( ) Delete
Name:	PATTERSON, KENDRA D	
Address:	7640 57TH STREET NORTH	
City-St-Zip:	PINELLAS PARK, FL 33781	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: /SHLLLENA M. ANSAG PST 02/18/2009

Electronic Signature of Signing Officer or Director — Date