

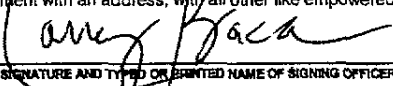


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N92000000189</b> 1. Entity Name TEAM FORT LAUDERDALE, INC.			
Principal Place of Business PO BOX 350404 FT LAUDERDALE, FL 33335-0404		Mailing Address PO BOX 350404 FT LAUDERDALE, FL 33335-0404	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01122006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 65-0414685	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DEMPSEY, PERRY 2424 FLAMINGO LANE FT LAUDERDALE, FL 33312		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  UD0000393024 01/25/06-80007-007 61.25	
TITLE	D		
NAME	BACA, LARRY		
STREET ADDRESS	2448 ANDROS LANE		
CITY-ST-ZIP	FT LAUDERDALE, FL 33312		
TITLE	D		
NAME	CORREA, ROBERT		
STREET ADDRESS	1667 NE 38 STREET		
CITY-ST-ZIP	OAKLAND PARKD, FL 33334		
TITLE	D		
NAME	DEMPSEY, PERRY		
STREET ADDRESS	2424 FLAMINGO LANE		
CITY-ST-ZIP	FT LAUDERDALE, FL 33312		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 817, 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: 		1/15/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	