


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003717

1. Entity Name
 TRANSPORTATION AND EXPRESSWAY AUTHORITY
 MEMBERSHIP OF FLORIDA (TEAMFL), INC.



Principal Place of Business 2121 CAMDEN ROAD SUITE B ORLANDO, FL 32803 US	Mailing Address 2121 CAMDEN ROAD SUITE B ORLANDO, FL 32803 US
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1 92 8 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-3461164	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTNETT, ROBERT C
 2121 CAMDEN ROAD
 SUITE B
 ORLANDO, FL 32803

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICH, A. WAYNE P O BOX 1911 N7A ORLANDO, FL 328 2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, TOM 711 N SHERRILL TAMPA, FL 336 9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELY, JAMES PO BOX 613 69 OCOOEE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTNETT, ROBERT C 2121 CAMDEN RD SUITE B ORLANDO, FL 328 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/02/06-80065-010 70.00

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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 617, 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: *Robert C Hartnett* 1-20-06 407-896-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robert C Hartnett