

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006595

Entity Name: TEAM AWESOME, INC.

FILED
May 12, 2004
Secretary of State

Current Principal Place of Business:

15830 CR 675.
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 216
PARRISH, FL 34219

New Mailing Address:

FEI Number: 65-1075854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, CAROL
4655 47TH ST.
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

MASTROMARINO, PAMELA
P.O. BOX 216
PARRISH, FL 34219 US

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: PAMELA MASTROMARINO

05/12/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLARK, CAROL
Address: 15830 CR 675.
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: MASTROMARINO, PAMELA
Address: 15830 CR 675.
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: KITTLE, JOHN
Address: 15830 CR 675.
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: FERRIER, RAYMOND
Address: 15830 CR 675.
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: GILANI, SHAH
Address: 15830 CR 675.
City-St-Zip: PARRISH, FL 34219

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:

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

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: PAMELA A MASTROMARINO

DIR

05/12/2004

Electronic Signature of Signing Officer or Director

Date