

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006595

FILED
Apr 30, 2006
Secretary of State

Entity Name: TEAM AWESOME, INC.

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:

MASTROMARINO, PAMELA
P.O. BOX 216
PARRISH, FL 34219 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: 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 (X) Delete
Name: FERRIER, RAYMOND
Address: 15830 CR 675.
City-St-Zip: PARRISH, FL 34219

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MASTROMARINO, PAMELA
Address: P.O. BOX 216
City-St-Zip: PARRISH, F 34219

Title: D (X) Change () Addition
Name: KITTLE, JOHN
Address: P. O. BOX 216
City-St-Zip: PARRISH, F 34219

Title: D (X) Change () Addition
Name: FERRIER, RAYMOND
Address: P. O. BOX 216
City-St-Zip: PARRISH, FL 34219

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 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: PAMELA MASTROMARINO

D

04/30/2006

Electronic Signature of Signing Officer or Director

Date