

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000533

FILED  
Mar 22, 2005  
Secretary of State

Entity Name: TEEN CONNECT INC.

**Current Principal Place of Business:**

515 HOLIDAY DRIVE  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

515 HOLIDAY DRIVE  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CIFFO, TRISHA L  
515 HOLIDAY DRIVE  
HALLANDALE, FL 33009 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: PD ( ) Delete  
Name: CIFFO, ALFRED F III  
Address: 515 HOLIDAY LANE  
City-St-Zip: HALLANDALE, FL 33009

Title: STD ( ) Delete  
Name: CIFFO, TRISHA L  
Address: 515 HOLIDAY DRIVE  
City-St-Zip: HALLANDALE, FL 33009

Title: VPD ( ) Delete  
Name: CIFFO, ALEXANDER P  
Address: 515 HOLIDAY DRIVE  
City-St-Zip: HALLANDALE, FL 33009

**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:

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: ALFRED F CIFFO III

PD

03/22/2005

Electronic Signature of Signing Officer or Director

Date