


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90195 020 \*\*\*150.00

<b>DOCUMENT # P00000099137</b>	
1. Entity Name <b>TEAM TWO THOUSAND &amp; BEYOND, INC.</b>	

Principal Place of Business <b>8343B BAYSHORE DR. TREASURE ISLAND, FL 33706</b>	Mailing Address <b>PO BOX 66205 SAINT PETERSBURG, FL 33736</b>
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2. Principal Place of Business <b>11438 28th ST. CIR. EAST</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>PARRISH, FL</b>	City & State
Zip <b>34219</b>	Country <b>U.S.A.</b>

05032004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1666067</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>JUSTIN, WILLIAM 8343B BAYSHORE DR. SAINT PETERSBURG, FL 33706</b>	
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7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**11438 28th ST. CIR. EAST**  
City  
**PARRISH** FL Zip Code  
**34219**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUSTIN, WILLIAM 8343 BAYSHORE DR TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11438 28th ST. CIR. EAST PARRISH, FL 34219</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JUSTIN, ROCHELLE 8343 BAYSHORE DR TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11438 28th ST. CIR. EAST PARRISH, FL 34219</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRETT, ROBIN 10557 BLOSSOM LAKE DRIVE SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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: *William Justin* **5/3/04** **941-776-3648**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #