2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL H	EPORT (AR	}	Ма	r 06 200	6 08.0	\mathbf{n} \mathbf{A} \mathbf{M}
DOCUMENT # P0100005623				Mar 06, 2006 08:00 AM Secretary of State			
TEEJAY 6	ENT. INC.						
Principal Plac	ce of Business	Mailing Address	I				
1695 N NOVA RD HOLLY HILL FL 32117		1695 N NOVA RD HOLLY HILL FL 32117					
2. Principal Place of Business		3. Mailing Address		{	te ete aaslat ilân marst marst kars	i dânu balat anua anua	SYSSES SERVENT NO THE STATE OF
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st i	MOORE CE	R2E034 (10/0	5)
City & State		City & State		4. FEI Number	59-3704265		Applied Fo
ZIp	Country	Zip	Country	5. Certificate o	Status Desired	□ \$8.75 Fee Re	Additional
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Curren	t Registered Agent	N	7. Name and A	Address of New Reg		
JAMAL, TARIG			Name	,			
169	5 N NOVA RD LLY HILL FL 32117		Street Adds	ress (P.O. Box Number	is Not Acceptable)		
							-1
			City			<u> </u>	Code
	 named entity submits this statement to tions of registered agent. 	for the purpose of changing its	registered office or re	gistered agent, or both	, in the State of Florid	la. I em familiar	with, and acco
SIGNATURE	Signature, typed or printed name al registered ager	t and title if application (NOTE	Registered Agent signature in	equired when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department				9. Election Campaign Trust Fund Contrib		\$5.00 May Added to Fig.
10.	OFFICERS ANI	200	11.	ADDITIONS/C	CHANGES TO OFFICE	ERS AND DIREC	TORS IN 11
Title Name Street address Gity-St-Zip	D JAMAL, TARIG 1695 N NOVA RD HOLLY HILL FL 32117	☐ Delete	TITLE NAME SINEET ADDRESS CHY-ST-ZIP		U00000450 03/17/06-800	8407 GCh	ange 🔲 🗛
TITLE NAME STITEET ADDRESS CITY-ST-ZIP	D JAMAL, FARRUKH 1695 N NOVA RD HOLLY HILL FL 32117	☐ Delete	TITLE NAME STRELL ADDRESS CITY-ST-ZIP			Ch Ch	ange 🔲 🗚
TITLE NAME STREET ADDRESS CITY-SI-ZIP		C Celets	Tiqu Mame Street address City-St-Zip			□ Ch	ange 🔲 Astr
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Title Mame Street Address City-St-Zip		☐ Oelote	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ ch	ange □ Ario.

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under oath, that I am an officer or direct 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 if changed, or on an attachment with the address, with all other like empowered.

SIGNATURE:

7ARIQ JAMAL 03/01/06 386-257-8012

SIGNATURE: _

TARIQ

JAMAL

FILED

03/01/06 386-258-8027