


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000013004</b>	
1. Entity Name <b>CONTEAM PROJECT-MANAGEMENT INC.</b>	

Principal Place of Business <b>1318 LAFAYETTE STREET CAPE CORAL, FL 33904</b>	Mailing Address <b>1318 LAFAYETTE STREET CAPE CORAL, FL 33904</b>
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04072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>92-3766542</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HILL, THOMAS W 1318 LAFAYETTE STREET CAPE CORAL, FL 33904</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD JUERGEN, TARACH 1318 LAFAYETTE STREET CAPE CORAL, FL 33904</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD ZUECK, CHRISTIAN 1318 LAFAYETTE STREET CAPE CORAL, FL 33904</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S HILL, THOMAS W 1318 LAFAYETTE ST. CAPE CORAL, FL 33904</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/26/06-80026-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** J. T. Juergen Juergen Tarach 04/10/06 239 945 0557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #