## 2006 FOR PROFIT COLORATION ANNUAL REPORT

SIGNATURE:

## Jan 10, 2006 08:00 AM Secretary of State DOCUMENT # P02000105719 1. Entity Name TEAM WORK ENTERPRISES, INC. Principal Place of Business Mailing Address 926 S. MAIN STREET 926 S. MAIN STREET FRANKLIN, KY 42134 FRANKLIN, KY 42134 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2303405 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SHAH, ASHOK DO NOT WRITE 1215 CREIGHTON ROAD PENSACOLA, FL 32504 IN THIS SPACE 8. The above nar tity 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 SIGNATURE printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SHAH, ASHOK STREET ADDRESS 926 S. MAIN STREET 41000000**381**193 CITY-ST-7IP FRANKLIN, KY 42134 01/11/06-80044-002 150.00 DILE STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CETY-ST-ZIP 12. Thereby 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 dirtustee 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 the progress, with all other like empowered.

ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

(270) 586 8039

Daytime Phone #

JAM. 05-06

Date