2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008
Secretary of State

DOCUMENT# P02000112533

Entity Name: TEAK EXPERIENCE, CO.

Current Principal Place of Business:

24850 S. TAMIAMI TRAIL
SUITE 3&4
BONITA SRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

24850 S. TAMIAMI TRAIL
SUITE 3 & 4
BONITA SRINGS, FL 34134

New Mailing Address:

PO BOX 366550
BONITA SRINGS, FL 34135

FEI Number: 14-1853433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, SUZANNE H
12259 TOSCANA WAY
#101
BONITA SPRING, FL 34135 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: THOMAS, SUZANNE H
Address: 12259 TOSCANA WAY #101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V ( ) Delete
Name: THOMAS, RICHARDS C
Address: 12259 TOSCANA WAY #101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S ( ) Delete
Name: THOMAS, MARIE H
Address: 12259 TOSCANA WAY #101
City-St-Zip: BONITA SPRINGS, FL 34135

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 exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE H THOMAS DP 08/25/2008

Electronic Signature of Signing Officer or Director Date