2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004
Secretary of State

DOCUMENT# P03000008720

Entity Name: TEAMWORK ASSOCIATES, INC.

Current Principal Place of Business:

8639N, HIMES AVENUE
2609
TAMPA, FL 33614 US

New Principal Place of Business:

16506, BLUE WHETSTONE LN
ODESSA, FL 33556 US

Current Mailing Address:

8639N, HIMES AVENUE
2609
TAMPA, FL 33614 US

New Mailing Address:

16506, BLUE WHETSTONE LN
ODESSA, FL 33556 US

FEI Number: 71-0930943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LINGIREDDY, RAVI
8639N, HIMES AVENUE
2609
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

LINGIREDDY, RAVI
16506, BLUE WHETSTONE LN
ODESSA, FL 33556 US

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: RAVI LINGIREDDY 03/18/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: CHAKRAPANI, VENKATAPATHY
Address: 646,ARBUTUS AVE, #1
City-St-Zip: SUNNYVALE, CA 94086 US

Title: VP/D ( ) Delete
Name: RAVI, LINGIREDDY
Address: 8639N, HIMES AVENUE, #2609
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP/D (X) Change ( ) Addition
Name: RAVI, LINGIREDDY
Address: 16506, BLUE WHETSTONE LN
City-St-Zip: ODESSA, FL 33556 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAVI LINGIREDDY DIR 03/18/2004
Electronic Signature of Signing Officer or Director Date