

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008720

Entity Name: TEAMWORK ASSOCIATES, INC.

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

16506, BLUE WHETSTONE LN
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

16506, BLUE WHETSTONE LN
ODESSA, FL 33556 US

New Mailing Address:

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
16506, BLUE WHETSTONE LN
ODESSA, FL 33556 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

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: 16506, BLUE WHETSTONE LN
City-St-Zip: ODESSA, FL 33556 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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

VP

01/10/2005

Electronic Signature of Signing Officer or Director

Date