

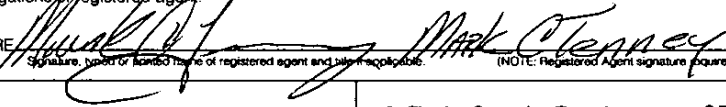
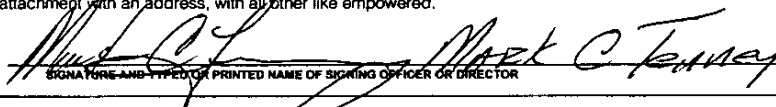


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P03000011096</b> 1. Entity Name <b>TENNEY CONSTRUCTION TEAM, INC.</b>			
Principal Place of Business <b>951 PARK STREET NORTH ST PETERSBURG, FL 33710</b>		Mailing Address <b>951 PARK STREET NORTH ST PETERSBURG, FL 33710</b>	
2. Principal Place of Business - No P.O. Box # <b>827 Florida Avenue</b>		3. Mailing Address <b>827 Florida Avenue</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Palm Harbor, FL</b>		City & State <b>Palm Harbor, FL</b>	
Zip <b>34683</b>		Zip <b>34683</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>81-0593909</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  		7. Name and Address of New Registered Agent Name <b>Tenney, Mark C</b> Street Address (P.O. Box Number is Not Acceptable) <b>827 Florida Avenue</b> City <b>Palm Harbor</b> <b>FL</b> Zip Code <b>34683</b>	
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  DATE <b>10/2/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	<b>TENNEY, MARK C</b>		
STREET ADDRESS	<b>951 PARK STREET NORTH</b>		
CITY-ST-ZIP	<b>ST PETERSBURG, FL 33710</b>		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>Tenney, Mark C</b>		
STREET ADDRESS	<b>827 Florida Avenue</b>		
CITY-ST-ZIP	<b>Palm Harbor, FL 34683</b>		
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>Tenney, Scott D</b>		
STREET ADDRESS	<b>511 St. Petersburg Drive</b>		
CITY-ST-ZIP	<b>Oldsmar, FL 34677</b>		
TITLE	Secretary-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>DiCarlo, Lori K</b>		
STREET ADDRESS	<b>1890 Briland St</b>		
CITY-ST-ZIP	<b>Tarpon Springs, FL 34689</b>		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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. <b>SIGNATURE:  DATE <b>10/2/08</b> 221-784-1373</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

**FILED**

08 OCT -6 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10022008 Chg-P CR2E034 (12/06)