2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: __

SIGNATURE/AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 08, 2007 8:00 am **Secretary of State DOCUMENT # P03000054254** 03-08-2007 90003 030 ***150 00 1. Entity Name TEDDIE G, INC. Principal Place of Business Mailing Address 70031der 21346-ST. ANDREWS: BLVD. 21346 ST. ANDREWS BLVD. SUFFE 192 SUITE-1962 BOGA-RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2269 S. University Dr 2269 S. ILniversity Dr Suite, Apt. #, etc. Suite, Apt. #, etc. 01062007 Chg-P CR2E034 (12/06) 7318 318 City & State City & State 4. FEI Number Applied For CL 56-2360467 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired II SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GILLIS, JOHN Street Address (P.O. Box Number is Not Acceptable) 21346 ST- ANDREWS BLVD. University SUITE 192 BOCA-RATON, FL 33433 318 City 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. 3/6/09 SIGNATURE Signature, typed or ne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE n ☐ Detete TITLE ☑ Change ☐ Addition 2269 S. University Dr# 318 GILLIS, TEDDIE NAME NAME -21346 ST ANDREWS BLVD.; SUITE 192 STREET ADDRESS STREET ADORESS avie FL 33324 CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-71P TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP me ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete me ☐ Change Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MLE. TITLE ☐ Delete ☐ Change ☐ Addition NALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED