

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000022860

FILED
Mar 14, 2005
Secretary of State

Entity Name: TEEM A & S ENTERPRISES, INC.

Current Principal Place of Business:

3542 SW 180 WAY
MIRAMAR, FL 33029

New Principal Place of Business:

15807 PINES BLVD.
PEMBROKE PINES, FL 33027

Current Mailing Address:

3542 SW 180 WAY
MIRAMAR, FL 33029

New Mailing Address:

FEI Number: 20-0649687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLISON, DOCELLE
3542 SW 180 WAY
MIRAMAR, FL 33029 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: D () Delete
Name: SHELLON, DARRELL
Address: 13832 NW 10 CT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: SHELLON, KIMBERLY
Address: 13832 NW 10 CT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: ALLISON, DAVID
Address: 3542 SW 180 WAY
City-St-Zip: MIRAMAR, FL 33029

Title: D () Delete
Name: ALLISON, DOCELLE
Address: 3542 SW 180 WAY
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHELTON, DARRELL
Address: 13832 NW 10 CT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D (X) Change () Addition
Name: SHELTON, KIMBERLY
Address: 13832 NW 10 CT
City-St-Zip: PEMBROKE PINES, FL 33028

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

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

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: DOCELLE ALLISON

PRES

03/14/2005

Electronic Signature of Signing Officer or Director

Date