2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000022860

3542 SW 180 WAY

MIRAMAR, FL 33029

Address:

City-St-Zip:

FILED Apr 27, 2007 Secretary of State

Entity Name: TEEM A & S ENTERPRISES, INC.					
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
15807 PINI PEMBROK	ES BLVD. KE PINES, FL	33027			
Current M	ailing Addres	s:	New Mailing Addres	New Mailing Address:	
3542 SW 180 WAY MIRAMAR, FL 33029			13832 NW 10TH CT PEMBROKE PINES,	13832 NW 10TH CT PEMBROKE PINES, FL 33029	
FEI Number:	20-0649687	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
3542 SW 1	DOCHELLE 80 WAY FL 33029	US	DARRELL, SHELTOI 13832 NW 10TH CT PEMBROKE PINES,		
	named entity : e of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: DARRELL SHELTON				04/27/2007	
	Electror	ic Signature of Registered Age	nt	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SHELTON, DAI 13832 NW 10 (Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SHELTON, KIN 13832 NW 10		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ALLISON, DAV 3542 SW 180 V MIRAMAR, FL	VAY	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name:	D () ALLISON, DOO	Delete HELLE	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: DARRELL SHELTON DIR 04/27/2007