


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90451 049 \*\*\*150.00

<b>DOCUMENT # P04000075358</b> 1. Entity Name <b>TEAM EXCEL CASH FLOW INC.</b>			
Principal Place of Business <b>100 EAST LINTON BOULEVARD SUITE 202B DELRAY BEACH, FL 33431</b>		Mailing Address <b>100 EAST LINTON BOULEVARD SUITE 202B DELRAY BEACH, FL 33431</b>	
2. Principal Place of Business <i>1164 Marina Bay Rd</i>		3. Mailing Address <i>same</i>	
Suite, Apt. #, etc. <i>Wellington, FL</i>		Suite, Apt. #, etc. <i>33467</i>	
City & State <i>Wellington, FL</i>		City & State <i>Wellington, FL</i>	
Zip <i>33467</i>		Zip <i>33467</i>	
Country <i>FL</i>		Country <i>FL</i>	
4. FEI Number <i>550867986</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CAMPESTRE, AGGOSTINO 11164 MARINA BAY ROAD WELLINGTON, FL 33467</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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: <i>[Signature]</i> DATE: <i>4-28-2005</i>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPESTRE, CRAIG 11164 MARINA BAY ROAD WELLINGTON, FL 33467	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V INCOGNITO, NICOLE 11164 MARINA BAY ROAD WELLINGTON, FL 33467	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMPESTRE, ELIZABETH 11164 MARINA BAY ROAD WELLINGTON, FL 33467	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPESTRE, AGGOSTINO 11164 MARINA BAY ROAD WELLINGTON, FL 33467	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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.			
SIGNATURE: <i>[Signature]</i>		Date: <i>5-28-2005</i> Daytime Phone #: <i>541-267-4205</i>	