

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90004 007 \*\*\*150.00

<b>DOCUMENT # P04000152042</b> 1. Entity Name <b>TED M. CORPORATION</b>					
Principal Place of Business <b>8241 HERITAGE CLUB DRIVE WEST PALM BEACH, FL 33412</b>			Mailing Address <b>8241 HERITAGE CLUB DRIVE WEST PALM BEACH, FL 33412</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>7969 Cranes Pointe</b> City & State <b>West Palm Beach FL</b> Zip <b>33412</b>		3. Mailing Address Suite, Apt. #, etc. <b>7969 Cranes Pointe</b> City & State <b>West Palm Beach FL</b> Zip <b>33412</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>55-0887168</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MANDES, THEODORE R II 8241 HERITAGE CLUB DRIVE WEST PALM BEACH, FL 33412</b>			7. Name and Address of New Registered Agent Name <b>Mandes, Theodore R. II</b> Street Address (P.O. Box Number is Not Acceptable) <b>7969 Cranes Pointe</b> City <b>West Palm Beach FL</b> Zip Code <b>33412</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MANDES II, THEODORE R</b> <b>2241 HERITAGE CLUB DR</b> <b>WEST PALM BEACH, FL 33412</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Theodore R. Mandes II</u> <b>Theodore R. Mandes II</b> <u>8/4/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					