## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 31, 2006 8:00 am Secretary of State

| Pre-obligations of registered agent.  SIGNATURE  Signature, hyeed or private name of impressed agent and title of applicable. (MOTE, Registered Agent algorithm required of their impressed of private integrated agent and signature required of their impressed of   | DOCUMENT # P05000118309  1. Entity Name TEDE ENTERPRISES CORP.   |   |  |   |  |   | 08-31-20   | 006 90001 047 *   | ***550.00                                   |
|--|--|---|--|---|--|---|--|---|---|
| Suite. Act. 8. etc.   Suite. Su   | 14265 SMITH SUNDY RD 14265 SMITH SUNDY RD  |   |  |   |  | · ·   |  |   |   |
| City & State  Country  City Country  S. Certificate of Status Delated  | as above as above  |   |  |   |  | -   |  |   |   |
| 2/p Country  | City & State   | 9   | City & State   |   | 4. FEI Numb  | \$7 8816  | ———  | <u> </u>  |   |
| 8. Name and Address of Current Registered Agent  ANNIS, TED  ALA  Streat Address (P.O. Box Number is Not Acceptable)  File NowIII SUNDY RD  DELRAY BEACH, FL 33446  City  FL Zip Code  8. The above named only 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 eccept pre deligations or registered agent, or both. In the State of Florida. Tam familiar with, and eccept pre deligations or registered agent.  FILE NOWIII FEE IS \$550.00  Due by September 6, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NI 1  INC.  ANNIS, TED  ANNIS, TED  ANNIS, TED  ANNIS, TED  ANNIS, TED  ANNIS, TED  DELRAY BEACH, FL 33446  OTH-51-2P  TITLE  Deles  INT.  ANNIS, TED  DELRAY BEACH, FL 33446  OTH-51-2P  TITLE  Deles  INT.  ANNIS, TED  DELRAY BEACH, FL 33446  OTH-51-2P  TITLE  Deles  INT.  ANNIS, TED  DELRAY BEACH, FL 33446  OTH-51-2P  TITLE  Deles  INT.  ANNIS, TED  DELRAY BEACH, FL 33446  OTH-51-2P  TITLE  Deles  INT.  ANNIS, TED  DELRAY BEACH, FL 33446  OTH-51-2P  TITLE  Deles  INT.  ANNIS, TED  Addition  ANNIS, TED  Addition  TITLE  Deles  TITL  | Zip  | Country Zip   |  | Country                                     |  | [ -   |  | □ \$8.75 Ad   | ditional                                    |
| ANNIS, TED  12/26S SMITH SUNDY RD  DELRAY BEACH, FL 33446    City   FL   Zip Code  |  | 6. Name and Address of Current  | 1  | 7. Name and Address of New Registered Agent |  |   |  |   |   |
| A. 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 eccept the obligations of registered agent.    SiGNATURE   | 14265 SMITH SUNDY RD   |   |  |   | N/A  |   |  |   |   |
| 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. Tan familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature     | !  |   |  |   | City   |   |  | FI Zip Coo  | Je  |
| FILE NOW!!! FEE IS \$550.00  Due by Beptember 6, 2006  9. Election Campaign Financing Trust Fund Contribution.   \$5,00 May Bo Added to Fees  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE DAME ANNIS, TED STRET ADDRSS  CITY-S1-2P  DELRAY BEACH, FL 33446  Detector Change   Addition  NAME ANNIS, DEBRA STRET ADDRSS  CITY-S1-2P  DELRAY BEACH, FL 33446  Detector Change   Addition  NAME STRET ADDRSS  CITY-S1-2P  Det | 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 |   |  |   |  |   |  |   |   |
| FILE NOWILI FEE IS 3550.00  Due by September 6, 2006  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS TO OFFICERS AND DIRECTORS TO OFFICERS TO OFFICERS AND DIRECTORS TO OFFICERS TO OFFICERS TO OFFICERS TO OFFICERS TO OFFICERS AND DIRECTORS TO OFFICERS TO OFFICERS TO OFFICERS TO OFFICERS AND DIRECTORS TO OFFICERS TO OFFICE TO OFF   |  |   |  |   |  |   |  |   |   |
| Trust Fund Constitution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  |  |   |  |   |  |   | ,  | DATE  |   |
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| NME ANNIS, TED 14265 SMITH SUNDY RD 51RET ADDRESS 14265 SMITH SUNDY RD 51RET ADDRESS CITY-ST-2P 51 DELRAY BEACH, FL 33446    |  | , <del></del>   | <del></del>  |   |  | ADDITIONS   | CHANGES TO OFF   |   |   |
| CITY-SI-2P  DELRAY BEACH, FL 33446  CITY-SI-2P  TITLE ANNIS, DEBRA ANN   | NAME   | ANNIS, TED KAN  |  | KAAL  | E  |   |  | ☐ Change  | [_] Addition                                |
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| I'THE NAME STREET ADDRESS CITY-S1-ZIP  TITLE TIT   |  |   |  |   |  |   |  |   | :<br>                                       |
| STREET ADDRESS CITY-S1-2IP  TITLE  MAME STREET   | TITLE  | Delete im.  |  |   |  |   | · · · · · · · · · · · · · · · · · · ·                                | ☐ Change  | Addition                                    |
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| STREET ADDRESS CITY-S1-ZIP  TITLE    Delete   TITLE   Delete   TITLE   Delete   TITLE   Delete   Delet   |  |   | Delete   | · ntu                                       |  |   | -  | - Crange  | Addition -                                  |
| NAME STREET ADDRESS CITY-S1-2P  TITLE INDE INDE INDE INDE INDE INDE INDE IND   | STREET ADORESS   |   |  | STRE  | ET ADDRESS   |   |  |   | ,   |
| STREET ADDRESS CITY-ST-ZIP  TITLE INME STREET ADDRESS CITY-ST-ZIP  TITLE INME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is Tury 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 trusted 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 actives, will all other like empowered.   |  |   | ☐ Delete   |   |  | • • • • •   |  | ☐ Change  | Addition                                    |
| ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is: Cut 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 trusted 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, will all other like empowered.   | STREET ADDRESS   |   |  | STRE  | ET ADORESS   |   |  |   | I   |
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|  | indicated<br>of the co<br>changed  | on this report or supplemental report-<br>poration or the receiver or trusted emp<br>, or on an attachment with an activess | and accurate and that<br>owned to execute this repor | my signal<br>1 as requi                     | emptions container<br>ture shall have the<br>red by Chapter 60 | d in Chapter 11<br>same legal effe<br>7, Florida Statut | 9. Florida Statutes. I<br>ct as if made under<br>es; and that my nam | further certify that the inpath; that I am an officer appears in Block 10 d | nformation<br>or director<br>or Block 11 if |