

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-31-2006 90001 047 \*\*\*550.00

<b>DOCUMENT # P05000118309</b> 1. Entity Name <b>TEDE ENTERPRISES CORP.</b>					
Principal Place of Business <b>14265 SMITH SUNDY RD DELRAY BEACH, FL 33446</b>			Mailing Address <b>14265 SMITH SUNDY RD DELRAY BEACH, FL 33446</b>		
2. Principal Place of Business <i>as above</i>		3. Mailing Address <i>as above</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number <b>20-3378316</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANNIS, TED 14265 SMITH SUNDY RD DELRAY BEACH, FL 33446</b>				7. Name and Address of New Registered Agent Name <i>N/A</i> 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 _____ (NOTE: Registered Agent signature required when re-designating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNIS, TED 14265 SMITH SUNDY RD DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNIS, DEBRA 14265 SMITH SUNDY RD DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 <i>Ted Annis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>7/21/06</b> <small>Daytime Phone #</small>		

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