


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 27, 2008 8:00 am
Secretary of State


06-27-2008 90001 047 ***550.00

DOCUMENT # P05000118309 1. Entity Name TEDE ENTERPRISES CORP.	
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Principal Place of Business 14265 SMITH SUNDY RD DELRAY BEACH, FL 33446	Mailing Address 14265 SMITH SUNDY RD DELRAY BEACH, FL 33446
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DO NOT WRITE IN THIS SPACE

00001001



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3378316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANNIS, TEDD 14265 SMITH SUNDY RD DELRAY BEACH, FL 33446	DO NOT WRITE IN THIS SPACE
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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.

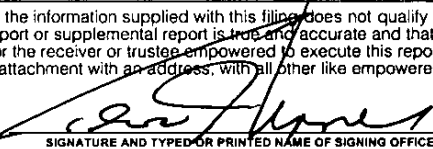
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNIS, TEDD 14265 SMITH SUNDY RD DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNIS, DEBRA 14265 SMITH SUNDY RD DELRAY BEACH, FL 33446
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**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #