2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-05-2006 90169 049 ***150.00

66019797

04142006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000121728

1. Entity Name
TEAM ONEY, INC.

Principal Place of Business	Mailing Address
9600 DELEGATES DRIVE ORLANDO, FL 32837 US	9600 DELEGATES DRIVE ORLANDO, FL 32837 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-3412614 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ONEY, WADE S 9600 DELEGATES DRIVE ORLANDO, FL 32837	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ONEY, WADE S 9600 DELEGATES DRIVE ORLANDO, FL 32738	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ONEY, ELIZABETH A 9600 DELEGATES DRIVE ORLANDO, FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Wade S. Oney WADE S. ONEY 4-19-06 407.888.3606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

GHS Holdings, L.L.C. 66019797

Telephone: 248-536-6276
Facsimile: 248-553-1977

#P05000121728

39300 W. Twelve Mile Rd. Suite 100
Farmington Hills, MI 48331 USA

JUNE 14, 2006

TO WHOM IT MAY CONCERN.

WE RECEIVED THE ATTACHED LETTER AND ANNUAL REPORT COPY IN THE MAIL INDICATING THE FEI WAS MISSING ON THE ORIGINAL WE SENT IN APRIL. I HAVE WRITTEN THE FEI IN BOX 4 AS REQUESTED. I APOLOGIZE FOR THE CONFUSION. PLEASE CONTACT ME IF THERE ARE ANY QUESTIONS REGARDING THIS FORM

REGARDS,

BILL LARKIN

(248) 536-6290