2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# P05000143789

Entity Name: TEAM SALT ROCK, INC.

Current Principal Place of Business:

18395 GULF BOULEVARD
SUITE 103
INDIAN SHORES, FL 33785

New Principal Place of Business:

Current Mailing Address:

18395 GULF BOULEVARD
SUITE 103
INDIAN SHORES, FL 33785

New Mailing Address:

FEI Number: 26-4510260 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIVAS, JAYME PRES
18395 GULF BLVD.
103
INDIAN SHORES,, FL 33785 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHIVAS, JAYME
Address: 18395 GULF BOULEVARD STE 103
City-St-Zip: INDIAN SHORES, FL 33785

Title: S ( ) Delete
Name: CHIVAS, FRANK
Address: 18395 GULF BOULEVARD STE 103
City-St-Zip: INDIAN SHORES, FL 33785

Title: T ( ) Delete
Name: CHIVAS, FRANK
Address: 18395 GULF BOULEVARD STE. 103
City-St-Zip: INDIAN SHORES, FL 33785

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHIVAS, CODY A
Address: 18395 GULF BOULEVARD STE 103
City-St-Zip: INDIAN SHORES, FL 33785

Title: S (X) Change ( ) Addition
Name: CHIVAS, FRANK R
Address: 18395 GULF BOULEVARD STE 103
City-St-Zip: INDIAN SHORES, FL 33785

Title: T (X) Change ( ) Addition
Name: CHIVAS, FRANK R
Address: 18395 GULF BOULEVARD STE. 103
City-St-Zip: INDIAN SHORES, FL 33785

Title: V ( ) Change (X) Addition
Name: CHIVAS, KYLE H
Address: 18395 GULF BLVD. SUITE 103
City-St-Zip: INDIAN SHORES, FL 33785

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK R. CHIVAS S 04/08/2009

Electronic Signature of Signing Officer or Director — Date