

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 22, 2006 8:00 am
Secretary of State

05-09-2006 90072 046 ***150.00

| | | | | | |
|--|--|---|--|--|---|
| DOCUMENT # P05000167264 1. Entity Name TEG CONSULTANTS INC. | | | | | |
| Principal Place of Business 990 BLVD. OF THE ARTS, #1203 SARASOTA FL 34236 | | | Mailing Address 990 BLVD. OF THE ARTS, #1203 SARASOTA FL 34236 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 20-4005350 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent ELLIOTT, BRENDAN 990 BLVD. OF THE ARTS, #1203 SARASOTA FL 34236 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | DATE 4.29.06 | |
| SIGNATURE <i>Brendan Elliott</i> <small>Signature types or printed name of registered agent and date if applicable</small> | | | | (NOTE: Registered Agent signature required when re-registering) | |
| FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D ELLIOTT, BRENDAN 990 BLVD. OF THE ARTS, #1203 SARASOTA FL 34236 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Brendan Elliott</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE 4.29.06 | |
| DAYTIME PHONE # 91743977404 | | | | DATE 4.29.06 | |