2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139913

Entity Name: TEAM COOTER INC.

FILED Feb 22, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7080 SAN LORENZO CT., #202 FT. MYERS, FL 33966

Current Mailing Address: New Mailing Address:

7080 SAN LORENZO CT., #202 FT. MYERS, FL 33966

FEI Number: 01-0878524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRUSCOTT, HOLLY TRUSCOTT, HOLLY G
7080 SAN LOREZO CT., #202
FT. MYERS, FL 33966 US TRUSCOTT, HOLLY G
7080 SAN LOREZO CT., #202
FT. MYERS, FL 33966 US

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: HOLLY TRUSCOTT 02/22/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

FT. MYERS, FL 33966

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: TRUSCOTT, HOLLY Name: TRUSCOTT, HOLLY G
Address: 7090 SAN LORENZO CT #202

 Address:
 7080 SAN LORENZO CT., #202
 Address:
 7080 SAN LORENZO CT., #202

 City-St-Zip:
 FT. MYERS, FL 33966
 FT. MYERS, FL 33966

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 BUSH, DAVID
 Name:
 HACKLER, NICHOLAS S

 Address:
 24 DARBYS RUN WAY
 Address:
 13281 CORBEL CIRCLE #2034

 City-St-Zip:
 HIRAM, GA 30141
 City-St-Zip:
 FT MYERS, FL 33907

Title: S (X) Delete Title: () Change () Addition

Name: LOIACONO, LEANNE Name:
Address: 8513 BERNWOOD COVE LOOP, #202 Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: HOLLY TRUSCOTT P 02/22/2007