

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000077189

Entity Name: TEAM BLAIR REALTY INC

FILED
Jul 29, 2009
Secretary of State**Current Principal Place of Business:**1212 CHALET COURT
OSPREY, FL 34229**New Principal Place of Business:**145 1/2 N TAMIAMI TRL
OSPREY, FL 34229**Current Mailing Address:**1212 CHALET COURT
OSPREY, FL 34229**New Mailing Address:**

FEI Number: 26-0454672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:CHASSEE, SUSAN F
1212 CHALET COURT
OSPREY, FL 34229 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**OFFICERS AND DIRECTORS:**Title: CEO () Delete
Name: CHASSEE, SUSAN F
Address: 1212 CHALET COURT
City-St-Zip: OSPREY, FL 34229Title: CFO () Delete
Name: CHASSEE, SUSAN F
Address: 1212 CHALET CT
City-St-Zip: OSPREY, FL 34229Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP () Change (X) Addition
Name: LAVAGNA, BLAIR
Address: 1212 CHALET CT
City-St-Zip: OSPREY, FL 34229 US

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: SUSAN F. CHASSEE

CEO

07/29/2009

Electronic Signature of Signing Officer or Director_____
Date