

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000114138

Entity Name: TEAM NATURAL INC.

FILED
Jan 18, 2009
Secretary of State

Current Principal Place of Business:

10020 MONTAGUE STREET
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

8457 PEAKS ROAD
HANOVER, VA 23069 US

New Mailing Address:

FEI Number: 37-1553701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSAG, SHELLY
10020 MONTAGUE STREET
TAMPA, FL 33626 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: PRES () Delete
Name: ANSAG, SHELLY
Address: 10020 MONTAGUE STREET
City-St-Zip: TAMPA, FL 33626 US

Title: TRES () Delete
Name: LOCKS, DAVE
Address: 8457 PEAKS ROAD
City-St-Zip: HANOVER, VA 23069 US

Title: SECT () Delete
Name: LOCKS, LINDA
Address: 8457 PEAKS ROAD
City-St-Zip: HANOVER, VA 23069 US

Title: DIR () Delete
Name: ANSAG, SHELLY
Address: 10020 MONTAGUE STREET
City-St-Zip: TAMPA, FL 33626 US

Title: DIR () Delete
Name: LOCKS, DAVE
Address: 8457 PEAKS ROAD
City-St-Zip: HANOVER, VA 23069 US

Title: DIR () Delete
Name: LOCKS, LINDA
Address: 8457 PEAKS ROAD
City-St-Zip: HANOVER, VA 23069 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVE LOCKS

TRES

01/18/2009

Electronic Signature of Signing Officer or Director

Date