

FILED

Feb 13, 2006 08:00
Secretary of Stat**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P18316

1. Entity Name
TELADO PTY. LIMITED INCORPORATED

Principal Place of Business

LEVEL 2
2 GROSVENOR STREET
BONDI JUNCTION, AUSTRALIA, 2022 US

Mailing Address

PO BOX 177
BONDI JUNCTION, AUSTRALIA, 1355 US

02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
65-0063382Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAIG, HUNTER B
201 SOUTHEAST 24TH AVE
POMPANO BCH, FL 33062**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COOMBS, PETER C.
15 QUEENS AVE.
VAUCLUSE, AUSTRALIA,TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COOMBS, HELENE
15 QUEENS AVE.
VAUCLUSE, AUSTRALIA,TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP000000432952
02/23/06-80090-005 150.00**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2006 61(02) 93896111
Date Daytime Phone #