## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED --Feb 13, 2006 08:00
Secretary of Stat

				_	•	secretary or so	
DOCUMENT #P18316							
1. Entity Name TELADO PTY, LIMITED INCORPORATED							
, LLAUO	C. C. LIMITED MOUNTORAS			}			
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Principal Plac		Mailing Address PO BOX 177		}			
2 GROSVENO	OR STREET	BONDI JUNCTION, AUSTRALIA.	1355 US				
BONDI KUNC	TION, AUSTRALIA, 2022 US			2 (1002)2000 700		- Minis minis minis modis ninis minismus (a sant	
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DO NOT WRITE IN THIS SPACE				4. FEI Number		Applied Far	
				65-0063382 Not Applicable  5 Contilinate of Status Practical 73 \$8.75 Additional			
				5. Certificate of	of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent							
CRAIG, HUNTER B 201 SOUTHEAST 24TH AVE							
	HEAST 24TH AVE DBCH, FL 33062	}					
FOWERING DOTS, FE 33002					IN THIS SPACE		
						ļ	
	named entity submits this statement for the	purpose of changing its register	i ed office or register	red agent, or both	i, in the State of Flo	rida. I am familiar with, and accept	
the obligations of registered agent.							
SIGNATURE Squature, upod or printed name of registered agent and title if applicable. INOTE: Registered Agent signature required when reintaining). DATE:							
Specime, decay is intermediate or influence after and manufacture. (in the influence of the afternoon with tentalities).							
	E NOW!!! FEE IS \$150.00	Election Campaign Final     Trust Fund Contribution.		.00 May Be		}	
	ay 1, 2006 Fee will be \$550.00	<u> </u>				·	
ta.	OFFICERS AND DIR	ECTORS	1		<u> </u>	32952	
HAME	COOMBES, PETER C.		1	•	12/23/06-81	0090-005 150.00	
STREET ADDRESS	15 QUEENS AVE.		Î				
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NAME	COOMBES, HELENE		į.			{	
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12. I hereby certify that the information supplied with this lifting 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 exite and accurate and that my signature shall have the same legal officed as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered 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.							
or the corporation or the receiver of trustee employered 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: 2/13/2006 61(02) 93896111							
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