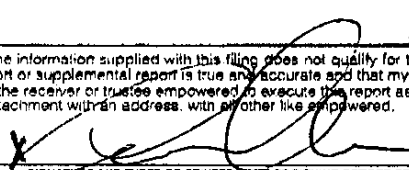


FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90214 007 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P93000063413					
1. Entity Name THE TELLER GROUP OF FLORIDA INC.					
Principal Place of Business 4400 N.FEDERAL HWY 210 BOCA RATON, FL 33431 US			Mailing Address 4400 N.FEDERAL HWY 210 BOCA RATON, FL 33431 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0440762	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEINKEN, LOIS 930 S.E. 9TH AVE POMPANO BEACH, FL 33080				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
NAME	D NEINKEN, LOIS ☐ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS	930 S.E. 9TH AVE		STREET ADDRESS		
CITY - ST - ZIP	POMPANO BEACH, FL 33080		CITY - ST - ZIP		
TITLE	P COHN, LEONARD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	COHN, LEONARD		NAME		
STREET ADDRESS	4405 TUSCANY WAY		STREET ADDRESS		
CITY - ST - ZIP	BOYNTON BEACH, FL 33435		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment within address, with all other like empowered.					
SIGNATURE:  4/24/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					