

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90007 008 ***150.00

DOCUMENT # P94000094210 1. Entity Name TEETA INTERNATIONAL, INC.			
Principal Place of Business 2007 OAKVIEW CIR #2007 ST CLOUD, FL 34769 US		Mailing Address PO BOX 701243 #701243 ST. CLOUD, FL 34770 US	
2. Principal Place of Business 13805 EAGLES GLEN CT.		3. Mailing Address P.O. Box 701243	
Suite, Apt. #, etc. # 13805		Suite, Apt. #, etc. # 701243	
City & State ORLANDO FL		City & State ST-CLOUD FL	
Zip 32837		Zip 34770	
Country USA		Country USA	
4. FEI Number 59-3287426		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUSSAIN, GULTAJ 2007 OAKVIEW CIR ST CLOUD, FL 34769		7. Name and Address of New Registered Agent Name HUSSAIN GULTAJ Street Address (P.O. Box Number is Not Acceptable) 13805 EAGLES GLEN CT. ORLANDO City ORLANDO FL Zip Code 32837	
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 <u><i>Gultaj Hussain</i></u> <u><i>Gultaj Hussain</i></u> 8-10-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUSSAIN, GULTAJ 2007 OAKVIEW CIR ST CLOUD, FL 34769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUSSAIN GULTAJ 13805 EAGLES GLEN CT. ORLANDO FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARBALLO, SOPHIA 2007 OAKVIEW CIR. SAINT CLOUD, FL 34769 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUSSAIN MAHMOOD 13805 EAGLES GLEN CT. ORLANDO FL 32837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUSSAIN FAHAD 13805 EAGLES GLEN CT. ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. HUSSAIN FAHAD 13805 EAGLES GLEN CT. ORLANDO FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Gultaj Hussain</i></u> <u><i>GULTAJ HUSSAIN</i></u> 08-10-04 407-888-8469 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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