2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000075857

1. Entity Name

TEE-W INDUSTRIES, INC.



FILED Sep 05, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

6370 NW 25 CT SUNRISE, FL 33313 US 6370 NW 25 COURT SUNRISE, FL 33313



DO NOT WRITE IN THIS SPACE

07112006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0697241 Applied For
Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, JEANNE 6370 NW 25 COURT SUNRISE, FL 33313

DO NOT WRITE IN THIS SPACE

,				114	THO OF AGE
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 late if applicable (NOTE Registered Agent signature required when reinstating).					
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	Election Campaign Financing Trust Fund Contribution.		\$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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARD, JEANNE 6370 NW 25 COURT SUNRISE, FL 33313				U00000575953 03/05/06-80003-003 150.00
TITLE NAME STREET ADDRESS CITY- ST-ZIP	P WARD, TERRANCE 6370 NW 25 COURT SUNRISE, FL				N8\N2\0P-80802-703 120·00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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:

STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Word

8/31/06

954-275-1307

Daytime Phone #