

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000010704

1. Entity Name
TEAM PAIN ENTERPRISES, INC.



Principal Place of Business
890 NORTHERN WAY
B-2
WINTER SPRINGS, FL 32708

Mailing Address
890 NORTHERN WAY
B-2
WINTER SPRINGS, FL 32708

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DO NOT WRITE IN THIS SPACE

01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3429731	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME PAYNE, CHARLES T
STREET ADDRESS 864 GAZELLE TRAIL
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE S
NAME PAYNE, LINDA Y
STREET ADDRESS 864 GAZELLE TRAIL
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Linda Y. Payne.

1/25/05 407-366-9221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #